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Vol. XL.

Number 4.

April, 1881.

THE SAINT LOUIS
Medical and Surgical Journal.

[ESTABLISHED 1843.]

THOS. F. RUMBOLD, M. D., Editor and Proprietor.
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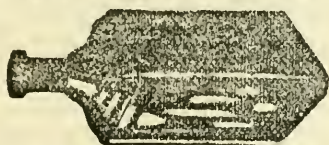
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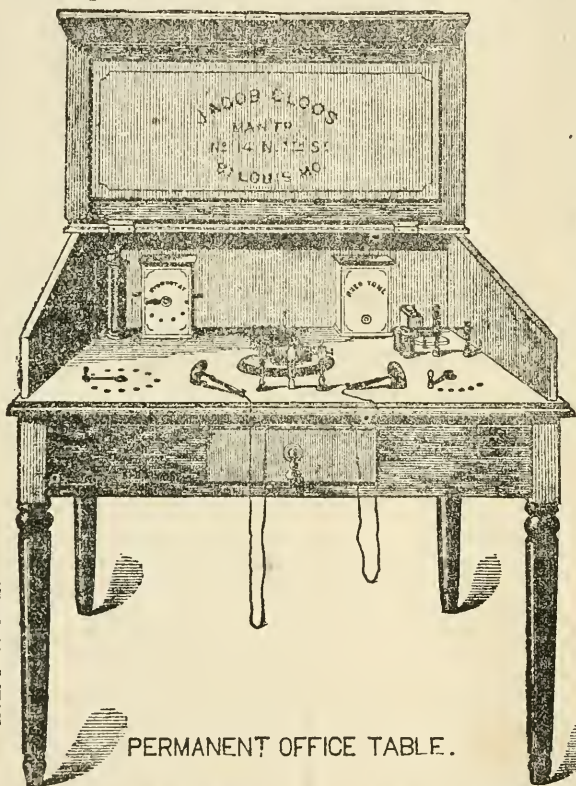
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THE
SAINT LOUIS
MEDICAL AND SURGICAL
Journal.

VOL. XL — A P R I L, 1881 — No. 4.

Original Contributions.

ARTICLE XIV.

THOUGHTS ON INSANITY AND ITS PREVENTABLE CAUSES.* BY H
WARDNER, M. D., Superintendent of the Illinois Southern
Hospital for the Insane.

The subject of insanity is, at the present day, attracting much attention from the standpoints of both science and philanthropy.

The time was, even not so very many years ago, when neither science nor public sentiment befriended the unfortunate lunatic—when he was regarded as one possessed of an evil spirit.

In the beginning of the present century, when the elder Pinel announced the doctrine that insanity was a disease, and amenable to treatment, he was treated with ridicule and contemptuously pointed at as a lunatic. It was not long, however, until his true merits were recognized, and from that time the study of psychiatry possessed a new interest for the physician and philanthropist.

Mental phenomena have furnished an unfathomable subject for investigation, and the time has yet to come when the subject shall have been exhausted.

From the time of the earliest philosopher, whose teachings have been recorded, and from the time when the first beginnings

*A Public Address Delivered at Du Quoin, Ill., January 19, 1881, before the Southern Illinois Medical Association.

were made in what we call philosophic speculation, the human mind has devoted its keenest analytical powers to the work of discovering its own nature, its own methods and its own relations with existence.

The best intellect of the race has labored ceaselessly to discover what human intellect is, and how it acts.

The mind has expended untold labor upon the study of mind, and yet, after thousands of years of investigation, we know next to nothing of the nature of our own knowing part. The mind as a subject of study, has utterly baffled the penetration of mind.

The great masters in the so-called science of intellectual philosophy have invented a convenient terminology have classified mental powers and mental acts with tolerable precision; they have recorded mental phenomena and have discovered certain principles which prevade mental action and govern it in an uncertain way; but they have gone no farther than that and all beyond is an impenetrable puzzle. Can any philosopher to-day tell what consciousness is, or whence it comes, or how it exists? Does any human mind know the laws of its own being or action?

We know something of those principles which are called the laws of association of ideas; but who shall say whence comes the thought that springs fully formed and quivering with vigorous life from the brain just aroused from sleep?

Ignorant as we are respecting the nature and operation of our minds, it is natural and indeed inevitable that we shall speculate ingeniously upon the subject.

The human mind has for its most marked and universal characteristic, a restless disposition to pry into mysteries, to discover hidden truths, to solve problems, and finding itself continually baffled in its efforts to penetrate its own mysteries, it explores every line of conjecture and resorts to every device of ingenious hypothesis for the satisfaction of its baffled curiosity.

It is out of this despair of the mind that conflicting schools have arisen; it is in the effort to form a theory which shall satisfy the conditions observed as actual that philosophical thinkers have divided themselves in a general way into two great schools one of which clings to the belief that mind is an existence in itself, united to the body but not with it; while the other con-

tends that mind is nothing more than a set of phenomena belonging to organized matter.

It is not necessary, even if it were profitable, now to discuss the main point at issue between the adherents of the two systems. For the practical purpose of our inquiry into the causes and the means by which insanity can be prevented, one theory is as good as another, and I begin by referring to the existence of the two theories with an entirely practical purpose in view. I desire to prevent a misconception out of which much error and some harm may grow. Alienists and mental hygienists have not infrequently found themselves thwarted in their efforts to teach hygienic principles, by the popular misconception that every reference of mental disease to physical causes rested upon assumptions of the materialistic nature of mind, or tended to the teaching of materialism.

I have referred to the existence of conflicting theories respecting the material or immaterial constitution of mind, for the purpose of emphasizing in the outset the important truth that mental therapeutics are utterly independent of all theories respecting the ultimate nature of mind; that their principles rest solely upon observed facts, which are accepted as facts equally by the devoutest believer in the spiritual character of mind, and by the hardest and most rigid materialist.

“When Bishop Berkly said there was no matter,
And proved it, 'twas no matter what he said,”

and for the purposes of the physician who seeks to discover the causes of mental alienation and to point out the means of avoiding their results, it is no matter whether mind is matter or something else than matter; because in the form in which we are called upon to deal with it, mind is so closely associated with the material structure of man, that it suffers with those structures. It is not necessary to suppose that brain and mind are one in order to understand that the state of the brain structure influences the operations of the mind.

The stomach is not the head, yet a disordered stomach makes the head ache, and certain drugs taken into the stomach produce derangement of brain functions, which for the time destroy consciousness itself. In brief, it requires very little observation to detect that whatever the actual nature of mind may be, it is so closely and intimately connected with the material body, during

this life at least, as to be dependent upon bodily conditions for its health and for its powers to act.

So far as the purposes of our present inquiry are concerned, therefore it makes no difference at all whether mind is a function of organized matter or whether it is a separate entity, using the brain as its instrument; because in either case the operations of the mind are affected by bodily states.

It was entirely proper, therefore, for us to enquire regardless of the two schools of philosophy, what are the causes which produce mental alienation and in making such inquiry we assume nothing whatever with respect to the nature of mind itself. Our desire is to point out as plainly as possible some of the causes which interfere with the healthful activity of intellect, and of the means of averting that result by avoiding the causes which produce it.

To satisfy ourselves that insanity may be due directly and solely to unavoidable physical causes, we have only to observe any drunken person. A few ounces of alcohol introduced into the system of the sanest man in this audience will make a mad man of him just as certainly as the severing of his head from his body will kill him. While the influence of the liquor lasts, he will be as utterly bereft of the use of his intellect as any madman in the hospitals for the insane. He will likely rave as a madman sometimes does. He will be as powerless to think consecutively as many hopelessly insane persons. If the quantity of alcohol be sufficiently excessive, he will even lose consciousness altogether, passing into a state of mental derangement far beyond that which is commonly seen in ordinary insanity. A man drunk, is a man insane—a man dead drunk is a man more utterly insane, for the time being, than ordinary.

Maudsley, in his work on "Body and Mind," page 91-2, says: "Alcohol yields us in its direct effects, the abstract and brief chronicle of the course of mania. At first there is an agreeable excitement, a lively flow of ideas, a revival of old ideas and feelings, which seemed to have passed from the mind; a general increase of mental activity, a condition which preceeds an attack of acute mania, when the patient is witty, lively, satirical, makes jokes or rhymes and certainly exhibits a brilliancy of fancy which he is capable of at no other time.

"Then there follows in the next state of its increasing action, as there does in mania, the automatic excitation of ideas,

which start up and follow one another without order, so that thought and speech are more or less incoherent, while passion is easily excited. After this stage has lasted for some time—in some shorter, in others longer—it passes into one of depression and maudlin melancholy, just as sometimes mania passes into melancholia, or convulsions into paralysis. And the last stages of all is one of stupor and dementia. If the abuse of alcohol be continued for years, it may cause forms of mental derangement, in which the muscular are curiously like the mental symptoms; delirium tremens in one; an acute, noisy, destructive mania in another, chronic alcoholism in a third, and a condition of mental weakness with loss of memory and loss of energy in a fourth."

Here we have proof beyond a cavil that a *purely physical cause* may produce insanity, and the result follows the cause so certainly as to admit of that ultimate test of scientific conclusion, the *ability to predict*.

It is true that the insanity produced in this way is usually temporary, but the distinction thus suggested between drunkenness and ordinary insanity is rather apparent than real.

The insanity called drunkenness usually passes away when its cause is removed by the elimination of the alcohol from the system; but that is true also of other forms of insanity. It may be confidently asserted that all mental derangement, which results from functional disturbance and does not involve structural lesions, disappears with the passing away of its cause, and the restoration of normal functional states. The speedier reaching of that result in the case of drunkenness than in other cases is due solely to the fact that the ordinary processes of life speedily eliminate alcohol from the system, while many other causes of functional disturbances are more tenacious of their hold, and require greatly more time for their removal.

In further illustration of the identity here suggested between drunkenness and other forms of madness, I direct attention to the fact that mental disturbance produced by excessive doses of alcohol does not always pass away with the disappearance of the original cause.

There are patients in every hospital for the insane, whose lasting insanity is simply the permanent effect of a debauch. What has happened in those cases? Precisely what has happened to other incurable patients slow of cure, namely struc-

tural changes. The alcohol taken produced the functional disturbance, and with it that form of insanity which we call drunkenness; but the functional disturbance, because of its too long continuance, because of its too frequent repetition, or because of some weakness of physical structure, has wrought injury to the organs themselves which are affected. Brain tissue has degenerated; the blood vessels of the brain long overcharged, have become permanently disturbed, or in some other respect the physical structure of the man has been so injured that the body is no longer a perfect working implement of the intellect. In such a case, the cause of the permanent insanity is as distinctly the introduction of excessive quantities of alcohol into the system as that of the temporary insanity of intoxication. If I have made it clear that mental alienation may be, and is in a single case the result of physical causes, the foundation is sufficiently laid for inquiry into the external sources of mind troubles.

As a matter of fact, it is certain that a very large proportion of all the cases of insanity are directly attributable to causes in a sense external, and therefore avoidable. To put this truth in its most suggestive and impressive form, let me say, nothing is more certain than that a very large proportion of insane persons might have escaped insanity by proper care; a very large proportion of them are insane simply because they have been ignorant of the causes which lead to derangement, or careless in trifling with the danger.

Firmly convinced of this, as I am, in common with all the physicians who have had occasion to study this subject, I am persuaded that, the first and highest duty of our profession is to invite public attention to the matter, to put within the reach of every man and woman in the country, the needed information respecting the causes of mental diseases and the means of prevention.

For convenience of classification, the preventable causes of insanity may be divided into physical and mental, or moral; the group of mental causes embracing all emotional shocks and disturbances. Such a classification is convenient, but, strictly speaking, even those cases which are attributable to what are called mental causes, are as largely physical as mental in their origin.

It is related of a celebrated physician that he kept a great

folio volume on his table, in which, as he used to declare to his professional brethren he had recorded the whole science of maintaining health, a complete exposition of the art of escaping all disease. This book was sealed to all inspection during his life, and at his death there was an eager gathering together of physicians to study the great man's treatise. The book was opened. It had no title page. The first page was blank. The next was blank also. Leaf after leaf was turned. All blank. In the very middle of the ponderous volume, however these words were found:

"Keep the head cool, the feet warm and the bowels open."

A principle of hygiene was thus impressed upon the minds of his followers that has become proverbial.

An equal temperature of the body and free elimination of effete material are necessary to health.

The results of violation of this law are well known to all intelligent persons. And it is because of the well known results of violation or disregard of the laws of health that I say that all the cases of insanity of which we can discover the source, are attributed ultimately to physical causes. I mean simply that men in perfect physical health, whose structures and functions have not been weakened or disturbed by the violations of the laws of health, either on their own part or their forefathers' part, very rarely lack sufficient strength to endure the emotional shocks which are called mental or moral cases of insanity. When such shocks throw the mind off its balance, the result is due, it is pretty safe to say, to some lack of stamina in the physical constitution, or the physical state of the unfortunate person.

This is the first lesson to be learned from the observations made by investigators of the pathology of the mind; the possession of good health, the maintenance of nerve structure and healthfully active function by temperate living, by the control of that moderate exercise of body and mind, which is the first condition of health—in a single sentence *right living*—is the best and surest means of escaping all mind troubles, whether the person concerned stands in special danger of inherited tendency to diseases of the mind, or only shares with his fellow men the dangers involved in our modern life, with its anxieties, its hurry and its artificial needs. Temperance in all things, moderation in all labor, whether of the brain or of the hands, wholesome food, and the avoidance of undue anxiety—all that

we understand by the term "worry"—these are the precautions which best secure men or women from the dangers of mental derangement—a danger which the intense life of our civilization brings to all of us, as statistics show, in a steadily increasing degree.

An examination of the facts, however, shows that there are some special sources of danger more generally operative than others, and it is to these in particular that attention should be directed. Let us see what the results of investigation point. In the last annual report of the New York State Lunatic Asylum at Utica, a statement is made of those cases of which the causes have been discovered and an analysis of this report shows that of 362 cases reported 199 cases—about 55 per cent. of the whole—have resulted from physical causes; 40 others—about 11 per cent.—from vicious habits which ought, perhaps, to be included among physical causes, making physical causes responsible for 239 cases, or about 66 per cent. of the whole; while 123 cases or about 34 per cent., are due to mental or moral causes.

Making a similar analysis of the report for 1879, of the Pennsylvania hospital for the insane, we get results closely similar to these. In that report the causes are given of 4889 cases. Of these, 2008 or 41 per cent., are traceable to physical causes; other than vicious habits and 1963, or 40.2 per cent., to moral or mental causes. Combining the figures for vicious habits with those for other physical causes, we have a total of 2926 about 59.8 per cent., of the whole attributed to physical causes against 40.2 per cent., due to moral or mental causes.

The teaching of these figures is plainly this, that a positive majority of all the cases of insanity which can be traced to their sources, are the result, not of mental or moral shock or strain, but of physical causes—causes pertaining to the health of the body, and causes, therefore, which it is in the power of every one, to a great extent, to avoid by reasonable care. This is a large lesson worthy of diligent study, and it would be easy to show by citations that results similar to these are attained in every case where tables of discovered causes are analyzed.

Let us next inquire what are the particular causes that have contributed most largely to these results. Here again we find the two tables in pretty close agreement. Of the 362 cases reported from Utica, 121 are attributed to ill health from over-

work, grief, anxiety, and loss of sleep. In the Pennsylvania report the classification is somewhat more precise, but combining figures which in that report cover the ground included in this item of the Utica classification, we find that of the 4889 cases reported, 1986 are attributed to this set of causes. In both cases it will be seen, the causes most balefully active in making mental wrecks of men and women, are those which are in active operation all around us, among our friends, in our own families, in our own lives and persons.

The conditions which most frequently and most certainly produce insanity are conditions in which nearly all of us, more or less, habitually live. We work too hard and too persistently; we suffer anxiety to master us; we brood over our misfortunes, both real and imaginary, and our habits tend to sleeplessness; we neglect exercise; we pay less attention than we should to that most important of all daily duties, the deliberate eating of wholesome food in adequate quantities and under proper conditions. In brief, we violate in a thousand ways those laws of health upon the observance of which more than upon all other things combined, depends our security against that most terrible of life's mishaps, the approach of madness.

Intemperance is the cause most active after the cause just considered. If we regard that group as a collection of several causes, we must assign intemperance the first place among single sources of insanity. It is directly responsible for 28 of the 362 cases reported from Utica, and for 754 of the 4889 at Pennsylvania hospital, and if the indirect or secondary effects were considered, these figures would doubtless be doubled.

It is not necessary to pursue this branch of the subject further. Enough has been said to show very clearly that the maintainance of physical health and the avoidance of all bad habits are the sources of security against the approach of insanity from physical causes; and that the most faithful intellectual and moral sources of insanity are overwork and undue worry. This is not the place in which to discuss in detail the means of preserving bodily health. Intelligent men and women who sin against the laws of health, have rarely the excuse of ignorance of those laws. For the most part we *know* much better than we *do*; neglect and recklessness are commoner than want of information. Let us turn, therefore, to another branch of the subject, and consider briefly some of the means by which the

mind itself may be trained to preserve its own integrity, to maintain its own sanity by resolute resistance when threatened, and by skillfully keeping danger at a distance.

The immediate mental causes of insanity may be conveniently divided into three groups, namely : 1st, shock ; 2nd, prolonged strain ; 3rd, bad mental habits. So far as shock is concerned, we are powerless to prevent the occurrence of the sudden and distressing events, the great frights, the terrible blows of fortune which shake the mind from its poise into madness or stun it into paralysis. To that extent of course we must exclude shock from the category of preventable causes of insanity ; but it does not follow that insanity shock from is wholly beyond prevention. If we cannot avoid the shock, we may at least strengthen ourselves to endure it when it comes, by that systematic straining, that self control, that resolute subjection of the emotions to the dominion of the will, upon which all strength of intellect and character depends.

The prudent commander who knows that an enemy may at any time advance and assault his post, does not rely for safety upon accident or good fortune in escaping attack, but prepares to withstand it whenever it shall come. He strengthens himself at every point. He is especially careful to permit none of his defensive works to fall into decay, and to maintain his authority over the garrison. Something like this is the situation of every man and woman, with respect to the particular danger which we are now considering. No one can be certain that events will not occur to him which will test to its utmost every defense of his sanity. The utmost circumspection is insufficient to prevent rude occurrences, because they come from without ourselves, and their sources are beyond our control. Is it not the part of wisdom, therefore, for every human being thus exposed to keep vigilant watch upon his defensive works, which after physical health, are the habits of his mind, the state of his temper the relations in which his emotional nature stands to his will ? Is it wise in such a man to permit insubordination to become chronic in the garrison, to suffer the emotional nature, and especially the passions, habitually to dominate the will upon the authority of which, more than upon anything else whatever, security against disaster must depend ? All this applies equally to the danger from what we call strain ; that is to say, prolonged anxiety, all stress of life whether in business, domestic or personal concerns.

In a great measure, these strains are in themselves preventable by prudence, and by the avoidance of too ardent ambitions or cravings, not easily satisfied; but we cannot prevent crises in business or dangerous illnesses which threaten to rob us of those nearest to us. In a word, whatever our prudence and foresight may be, we cannot wholly escape the danger of injury to the mind by severe strains on the emotional nature; but here again the lesson is plain that every one of us should be prepared to meet such danger with strong bodies, stout hearts and disciplined minds, under the habitual and well established dominance of the will.

The records of every hospital for the insane show that very many of the unfortunate persons housed within hospital walls, have fallen from sanity into mental alienation from precisely the causes here suggested, and it is not too much say that a large proportion of sane men and women are in an unfit condition to meet similar shocks or strains more successfully. How many persons are there even in this audience whose tempers never "get the better of them," as we say? How many are there who never give way to depression of spirits? How many are there, in fine, who so habitually maintain the supremacy of will over moods, emotions and passions, that mutiny never gets control of the garrison of their mind?

We are very tolerant of these things, especially in ourselves. We think of our violent tempers not in their true character as signs of culpably bad intellectual or moral government within ourselves, but as weaknesses or failings. Sometimes we even exalt them into a sort of virtues, calling them "spirit." We compliment our lamentable and blameworthy failure in self control with the name of "high temper," which in itself suggests a virtue rather than a fault. In truth, the habit of suffering the temper to control the mind and the actions is simply an abdication of authority on the part of the moral nature. It is a degradation of the will and reason to the dominance of blind impulse. It is a habit of frequently recurring temporary insanity which permitted to repeat itself at pleasure, very easily becomes permanent insanity.

So it is with other mental habits or moods of the mind which are suffered to revolt against the will in its capacity, as the law-giver to the intellect and the life.

All querulousness, all irritability, all cultivated or permitted

melancholy, all things not promptly obedient to the reason and will, tend to break down the authority of the will, and thus to weaken the mind and destroy its capacity to endure the shocks of ill-fortune or bereavement, and the strains of business anxiety or domestic affliction. Every abdication of one's authority over himself, every yielding to mere impulse, every failure to assert and maintain the supremacy of judgment (or cultivated and informed will) tends to insanity both indirectly, as we have seen, and directly as a cause of the third class just now mentioned, namely, bad mental habits. All observation shows that even where no shock or severe strain has been put upon the mind, bad mental habits, such as unrestrained ill temper, unchecked nervous irritability, the yielding to despondency or to the tendency to what is called day dreaming, have many times grown until they passed into positive, sometimes into hopeless insanity.

It may be said indeed that all these things, so far as they indicate a lack of self-government, are symptoms of present insanity; for he only is a perfectly sane man whose mind is in due subjection to the God-given authority of the will, whose life is governed by reason; and all these things are signs of the usual revolt of emotion against the will, signs of failure in the authority of the reason over the life.

In calling these results of mental neglect a qualified sort of insanity, we do not in any way offer an excuse for their existence. Insanity is not always an irresponsible state even when it is recognized as insanity by ordinary observers, and the responsibility of every man for his own sanity is to be measured exactly by his power to conserve it. If he fails to exercise that power with all his might, he is not without blame for the result of his failure. Every man who has ordinary control of his faculties is conscious of the power of self-government within himself, and to the precise extent to which he weakly neglects to exercise that power, he is blameworthy for all consequent danger or ill.

The law holds that a man is responsible for becoming intoxicated, and consequently responsible for his acts during the drunken madness which follows. The law holds a person responsible, when, giving way to an impulse of passionate anger, he commits an assault, or perhaps a homicide.

Besides being responsible before the law in these instances,

we are morally responsible to our friends, to our families and to the community in which we live for such control of our impulses, appetites and tempers, that we can at all times recognize our relations to society, and act in harmony with our surroundings.

The unrestrained ill temper or inconsiderate irritable disposition of one person may cause an incalculable amount of domestic misery, or it may utterly destroy the happiness of a household.

The temptation to expand this part of one inquiry and to follow it into some most interesting channels of investigation is great, but the limited time at disposal is sufficient for suggestion only, not for elaboration, and we sum up the practical results of the inquiry in practical teachings.

We observe that with or without hereditary tendencies, no human being is exempt from danger of mental alienation; and that to a much greater degree than is commonly supposed, this danger may be avoided. The means are the maintainance of good health of body and the habitual subjection of the emotional nature to the government of the reason and the will. The latter point is much more neglected than the former, and the signs of such neglect are commonly unobserved or misrepresented in a self indulgent spirit. It is to that branch of the subject, therefore, that there is greatest need of direct attention.

The work of disciplining the mind, to be well done, must be begun in childhood. The wise parent may begin the work of education with the discovery of the first sign of intelligence on his child's part, and if results are to be of the best, that work must be continued throughout life, by the parent first, by the child afterwards. Too commonly the word "education" is used to mean only the acquisition of learning, or objective skill. In truth its larger side is something very different from this, and consists in the disciplining of the mind itself, and the subjection of the lower instincts and impulses to the higher moral and intellectual powers.

In this matter habit is all powerful and therefore the work consists mainly in the formation and cultivation of good habits, and the eradication of bad ones. That work properly begun in childhood, may be safely trusted to continue throughout life, for the person who has once established within himself, correct and healthy habits of thought and mental action, especially in the earlier years of life, will seldom overstep the bounds of

propriety, even in imagination. In mature life, if the mind has been fairly disciplined, the prime necessity is constant, sufficient, but not excessive occupation.

In illustration of the ill effects of the lack of this, I need only refer to that tendency which is more common among women than among men, to depression of spirits.

This dire affliction, for no physical pain is more to be dreaded, is frequently attributable to, and is always aggravated by a lack of healthy mental occupation. It is because men have more constant occupation than women, that they are free from this fruitful source of mental alienation. In the Longview Asylum report for 1880, 754 cases are given of the form of insanity called melancholia in an aggregate of 4393 cases; 336 of these were men, and 418 women; and this form of insanity is the natural result of a frequent giving way to depression of spirits.

The remedy lies greatly in the larger intellectual cultivation of your daughters; the substitution, perhaps of lessons designed to awaken in them a love for literature as an unfailing source of healthful mental occupation in place of the drill that is now so much given them in technical school book study. That, however, is a subject too large for present discussion; I refer to it only by way of suggesting the necessity there is in all human minds for healthy occupation as a means of preserving healthful mental condition.

Health is the only security against the danger of mental alienation—health of body and health of mind—and it is the single purpose of this address to suggest the extent to which the preservation of health, mental and physical, is fairly within our control. If I have awakened a fresh consciousness of this great truth in any mind, my effort has not been wasted.

ARTICLE XV.

INJUDICIOUS USE OF ERGOT IN LABOR. By W. C. PIPINO M. D., of Mexico, Mo.

On the morning of January 10th, 1880 at 3 o'clock, I was called to see Mrs. Z——, aged 34, in her fourth confinement. The history of her former confinements was good. On my arrival at the house of the patient, I learned from the midwife present that she had been in labor all the day before, but no progress having been made, she became alarmed and sent for me. I found a large, well developed woman, in the second stage of labor; countenance anxious, pulse high and weak, and in an exhausted condition. On examination I found the external genitals immensely swollen and discolored, head large and firmly packed or wedged in the inferior strait, labor pains entirely absent and had been so for several hours or more. On further questioning the midwife, I discovered that she had given about two ounces of the fluid extract of ergot since labor began. She stated that the first few doses of the drug brought on the pains, but the child not making any headway, she continued to give ergot until they ceased. I waited long enough to become satisfied that labor could not be accomplished without instrumental interference, when I administered ether and delivered her with forceps of an ordinary sized child, with a rather large head. The child had evidently been dead some hours. The umbilical cord was short and encircled the child's neck in such a manner that it was impossible to complete delivery without first dividing the cord to prevent traction on the placenta. Labor completed, the patient was placed in as comfortable a condition as possible.

I saw her again about 11 o'clock the same day. Patient cheerful and happy over her safe delivery. Made a complete examination of the external genitals and vagina to discover whether there was a laceration of any kind. Discovered none but did not like the appearance of the parts, and so expressed myself. Uterus well contracted. Ordered her to be kept perfectly clean and quiet, prescribed brandy and beef tea, to be given frequently during the day, together with quinine in five

grain doses every three or four hours. On January 11th, at 10 A. M. found her with an extremely rapid pulse; abdomen distended and tympanitic; vomiting of bilious matter; bowels constipated; skin cool and moist. Ordered injection of warm water per rectum until bowels were opened; the mild chloride of mercury and bicarbonate of soda in small doses every two hours, which controlled the vomiting in a few hours. The injection in the meantime brought away a large quantity of intestinal gas, much to the patient's relief. The vulva and the vagina began to show evidence of sloughing. Had the vagina washed out four or five times a day with warm water and carbolic acid. On January 13th, vagina sloughed terribly; cut off gangrenous masses with the scissors; ordered the injection to be continued, and increased the brandy and quinine.

Notwithstanding all was done that our art could suggest, she died the same evening at 10 o'clock, from septicæmia, from the absorption of septic matter from the gangrenous surface.

In commenting on the above case, I cannot help but think had the patient been seen in the beginning of her labor by an intelligent physician, and the administration of ergot withheld, or given intelligently, the sad result could have been avoided and the life of a mother saved to care for the little ones she left behind her. The child very probably could not have been saved under the best treatment, as the condition of affairs afterward showed. However it was deemed best to apply artificial respiration, the introduction of a catheter into the trachea, hot and cold baths, breathing into the mouth of the child from our mouth, but all to no purpose, life was extinct. It is well known that shortening of the cord may render labor difficult, by retarding its progress, or making it absolutely impossible, or by causing the death of the fetus, as it did in this case, by causing contraction of the vessels in the neck of the child, or it might have resulted from the contraction of the vessels in the umbilical cord causing an obstruction or interruption to the circulation of the blood through them. According to Mayer,* the turns of the cord around some parts of the body are of quite common occurrence.

Out of 3,587 deliveries that took place between 1828 and 1841, they were present in six hundred and eighty-five cases.

*Cazeaux.

Five hundred and sixty-four of the children were born alive, and seventy-two were in a state of asphyxia, but recovered under proper treatment, and forty-nine were dead.

It is difficult to diagnose shortness of the cord until the expulsion begins, unless the placenta is attached to the fundus of the uterus. Had the ergot not been given so indiscriminately, we would not have had the pressure on the soft parts to such an extent as to cause gangrene from the pressure of the fœtal head. The ergot brought on firm and steady contraction, and crowded the head of the child down into the inferior strait, where it could go no farther; the ergot being continued nevertheless until both patient and uterus were exhausted.

When I am called to attend a case of labor I invariably make it a rule not to administer ergot until the os is fully dilated, and not even then if the contractions are strong enough to complete labor without it.

Cazeaux, in his excellent work says: "The permanent character of the contractions produced by ergot makes them dangerous to the child when they are long continued."

The violent retraction of the muscular fibres then renders the circulation difficult, and sometimes impossible, in those vessels which are distributed between their various layers, and we may readily understand that the fœto-placental functions must be remarkably obstructed. Therefore it can be prudently administered only when a prompt termination of the labor can be predicted. Indeed, I have rarely found it necessary to give the drug in ordinary cases of labor, and would hesitate to give it unless it was during parturition with a large and well formed pelvis, the position of the child well ascertained, where a serious obstacle exists at the uterine orifice, in the vagina or at the external parts, or at least soft, supple and patulous enough to admit of dilation, or where the membranes are ruptured.

Many practitioners differ on the administration of ergot in labor. Some give it at the outset, and continue it through labor; others wait until the sac is ruptured and the os dilated, while others again do not give it until labor is accomplished, and then for the purpose of overcoming subinvolution of the uterus, as well as to prevent hemorrhage and after pains.

The proper method of administering ergot I believe to be is to let every case be treated according to its own peculiarities.

If it be given, give it only where occasion requires, and that every intelligent physician knows, or ought to know.

The habit of administering the drug in every case of labor is a pernicious one and calculated to do harm either to the mother or child. Sometimes it proves fatal to both, as I have seen it in more instances than the case mentioned.

So long as midwives who do not possess the knowledge requisite for a clear and comprehensive understanding of the patient's condition, continue to be employed so long will we continue to chronicle such deplorable results.

Had our patient lived, she would no doubt have been a sufferer not only from vesico, but recto-vaginal fistulæ.

ARTICLE XVI.

THE MANAGEMENT OF WOUNDS. By DAVID PRINCE, M. D., of Jacksonville, Ill. A DISSERTATION, READ BEFORE THE MEETING OF THE TRI-STATE MEDICAL SOCIETY. (Illinois, Indiana and Kentucky,) held in Louisville, November 9, 10, 11 and 12, 1880.

(Continued.)

CLASSIFICATION.

For the best conception of any subject, it is advantageous to classify its details so that their relations to each other may be more obvious.

For this purpose it is found convenient to arrange the different methods in the management of wounds in classes. A clearer view will thus be obtained of the relative value of the different methods and of their application to different cases in different circumstances.

The conception is *first* as of wounds managed either closed or open; and *secondly*, as they are treated dry or wet.

Thus we have wounds *closed* dry and closed wet:—Open dry

and open wet. In this view the conception is aided, by making eight classes of management in the following order.

To begin with slight wounds, as cuts of the fingers and to proceed to those of a more serious character :

1. *Closed dry*.—In the first class are wounds closed with simple plaster dressing, without sutures or by sealing with blood, not to be wet, with or without carbolized oil, varnish or collodion ; with or without a simple wrapping, which may or may not be rendered antiseptic.

2. *Closed dry*.—Wounds closed with stitches alone or with the addition of plaster, or dusting with salicylic acid, or smeared with carbolized oil, wrapped in cotton or covered with a filter of charcoal or dry earth, or managed according to the Lister method.

3. *Closed wet*.—United by stitches followed by irrigation.

4. *Closed wet*.—United by stitches followed by immersion.

5. *Open dry*.—The wound left open with the application of salicylic acid or carbolized oil.

6. *Open wet*.—The wound left open with irrigation.

7. *Open wet*.—The wound left open with immersion.

8. *Open or closed wet*.—Treated with closed fomentations or poultices.

I.—*The first class* of treatment consist in the imitation of the condition of a subcutaneous wound ; especially applicable to small wounds, in which the parts are capable of being kept in close contact without the sliding of one surface upon the other ; the part being covered with isinglass plaster and smeared with oil or other similar proceeding. After washing the wound with water, the last washing being with carbolized water if at hand, a piece of isinglass plaster is applied as soon as the blood ceases to flow, and the plaster is then smeared with castor oil holding one tenth carbolic acid, the oil rendering the plaster nearly water proof without impairing its adhesion. Indeed ; its

adhesive quality is prolonged by making it impervious to water. This may be wrapped with a bandage if necessary for protection.

If a finger is the seat of a wound, the complete encircling of it with plaster should be avoided in order not to incur the risk of too great pressure. It is thought by some that the saliva is antiseptic so that wetting the plaster on the tongue imparts to it an antiputrid quality.

If the lips of the wound lie in contact without any force they may be secured by a plaster, the last oozing of blood makes a natural sealing; the protecting quality of which may be increased by collodion, carbolized oil or varnish or a dusting with salicylic acid.

Should inflammation arise, indicated by swelling, pain, redness and heat, the further management should be with irrigation or immersion or a poultice or fomentation, securing a temperature in accordance with the comfort of the patient.

II.—*The second class* of management consists in the closure of the wound and the retention of its sides by stitches, deep or shallow, followed by dusting with salicylic acid and a smearing of oil having 10 per cent. of carbolic acid.

If plaster is applied over the stitches the oil is applied over the plaster. The plaster is thus nearly water proof and no septic ferment can enter.

This sealing can be made more secure by the application of lint or muslin, smeared with carbolized oil, renewed daily to be sure of the presence of carbolic acid.

(Over all this a wrapping of cotton-batting may be made if thought necessary for the preservation of an equal temperature and an equal elastic pressure.)

The cotton dressing of Alphonse Guérin, referred to in the historic portion of this paper comes in this class of methods of management. Also charcoal, dry earth and other filters.

Dr. C. B. Miller of Lawrenceburg, Indiana, in the *Cincinnati Lancet & Clinic* for Feb. 8th, 1879, has revived an old recommendation to employ the blood effused from a wound as the sealing agent without antiseptics and with the careful exclusion of water. The absence of water favors the incrustation of the surface of the blood, so as to make it impenetrable by the atmospheric ferments. On this theory, the application of a drying varnish would be appropriate, and it could do no harm if the surface of the blood were coated with powder of salicylic acid.

to make more improbable the decomposition of the blood dressing.

A sealing with blood is very convenient in incisions and lacerations of the hairy portions of the scalp, whether, or not, they require sutures to retain the lips in apposition. As soon as the flow of the blood ceases, the cutaneous surface may be smeared with oil, having 10 per cent. of carbolic acid with or without a suspension of salicylic acid. The hair can then be combed so as to cross the wound concealing it from view. If a moderate gaping occurs, the hair from the opposite sides of the wound can be crossed and grasped by a small lead plate bent upon itself at an acute angle and squeezed together by piers to hold the hair firm. For this mode of dressing, it is not advisable to shave the hair from the scalp, nor to cut it with scissors, because it is easier to keep long hairs from falling into a wound than short ones. In this management no water should be applied. If inflammation should arise, the plan of management must be changed to that of irrigation with antiseptic water. In injuries of much severity, it is safer to begin with irrigation and to continue it until a granulating surface is developed. This suggestion is based upon the fact that a sealing is never quite certain to avoid the development of a septic condition, while perpetual irrigation with an antiseptic solution or a perpetual antiseptic bath is certain.

The Lister method is most conveniently introduced in connection with this class, as it is a process of sealing.

The following description of Lister's management of a wound is taken from his lecture before the International Medical Congress in Philadelphia in 1876. The part under treatment is kept under a spray of carbolic acid during the whole procedure until the dressing is complete.

"The skin being thoroughly cleansed, the instruments and the hands washed, finger nails brushed, and sponges prepared, the incision is commenced, and continued from this time until the completion of the dressing; if the surgeon's hands or an instrument are carried beyond the area of the spray, they must not be again brought near the wound until they have been dipped in the antiseptic solution.

"It is the close attention to these minute details that render this system so absolutely certain and safe in its results.

Carbolized catgut ligatures are always used, both ends being cut off.

Before closing the wound a carbolized Chassaignac's drainage tube is inserted into the wound if necessary, when the dressing can be applied with the perfect assurance that, every organism having been thus excluded, none can enter the wound, and healing without suppuration will occur.

"The gauze employed is simply open cheap cotton cloth, impregnated with carbolic acid one part, paraffine five parts and common rosin seven parts, thoroughly spread over the surface while hot and put under heavy pressure in a stout wooden box. The paraffine prevents stickiness and the rosin makes an excellent vehicle. In dressing a fresh wound, it is best to protect the raw surfaces by a piece of thin oiled silk covered with copal varnish, in order to prevent any injurious effects from the direct contact of the carbolic acid, and to allow the blood clot more easily to organize."

"If this is done, a wound need not be opened for a week, but it will otherwise require an earlier dressing. The next substance to be applied is a layer of gauze soaked in fresh carbolic solution since the dry gauze might contain organisms in accumulated dust and in the dry state not be destroyed. Over this, is placed half a dozen thicknesses of the same material loosely wrapped round, the spray, meanwhile continuously playing upon the part. Then there is applied a layer of Mackintosh cloth, and over all is applied a loose bandage made of the same carbolized gauze torn into slips. The wound may now be left with a feeling of absolute security, and without any anxiety for a week or until the discharge begins to soak through; when the outer dressings can be raised under the spray and fresh ones applied. The deep dressings need not be disturbed for weeks."

It will be seen that the safety of the measure depends upon the previous exclusion of the agents which can originate the putrefactive process. The wax cloth (or the putty, as first used) holds the carbolic acid with such tenacity, that putrefaction, (once begun) will not be likely to be arrested by the antiseptic vapor proceeding from the investment.

The plan of a permanent dressing leaves the putrefaction to become intense before its presence is discovered, while a plan of daily removal and dressing permits an early discovery of the evil.

The greater the success in holding the carbolic acid from evaporating, the less the efficacy as an antiseptic and in relation to this Thiersch remarks that: "In the case of carbolic acid, it is now certain that when unchanged for a long time, the amount of carbolic acid in the dressing becomes by evaporation too small and when once the first critical period of healing is passed, the appearance of bacteria may in most cases be innocuous; with the moist salicylic acid dressing bacteria cannot thrive at all. * * * * I have not been able to demonstrate their presence after 14 days."*

An objection to a permanent sealing as a dressing (left on for several days without inspection,) in case of a wound occasioned by an injury or an operation, is that while in many cases the progress may be perfect, yet in others, there will be too much effusion of blood or lymph beneath the closed surface, occasioning distension, pain and redness. The plan of removing the dressing the next day under water, under a stream of water, or under a spray, permits the discovery of this condition, and the removal of the subcutaneous accumulations by pushing a probe through between the closed lips, when some bloody serum will escape, relieving the tension and saving the union from being burst asunder. The daily inspection in this manner may secure an excellent result; the little opening made by the probe being found closed each succeeding day. The partial suppuration of the effused blood or the exudation of lymph beneath the closed integument, especially in case of joint wounds, where the putrefaction of the effused products is especially unfortunate, may be deprived of its harm by a timely discharge. If, on the other hand, the irritation of distension be allowed to favor inflammation in the integument, the delicately organized lymph between the closed edges of the integument, is liable to be dissolved in suppuration, permitting the wound to open; the strain of the stitches causing them to cut out. Worse than this, if the exuding pus is allowed to become putrefactive by exposure to air which has not been disinfected, the ferment soon spreads through the whole mass, which will burrow among the muscles if its discharge is not free, and in case of a joint, a violent inflammation of the synovial membrane will follow.

It follows therefore, that if the pus attendant upon a wound becomes putrefactive, the wound should be spread wide open by

* German Clinical Lectures

such free incisions as will give the puss the freest opportunity for escape.

III.—*The third class* of treatment consists in the close union of wounds by stitches followed by irrigation with water medicated with solutions of carbolic acid or salicylic acid or both.

The saturated salicylic acid is about one to three hundred of water. The evaporation of the water will leave crystals of salicylic acid with which the dressings will become infiltrated. This increases the protection.

The carbolic acid solution for this purpose should not be stronger than one to one hundred and twenty as a solution stronger than this will irritate the surfaces. A muslin pledget holds the solution from flowing immediately away from the surface of the wound.

It may be remarked, that wet applications upon wounds over the chest must be kept of a uniform temperature, in order to avoid pleuritic or pneumonic inflammation. It is found in practice that a greater degree of comfort is experienced under a dry sealing process, than under a wet application over the chest. It is a good practice in the subsequent treatment to dress such wounds while the patient is lying in a bath with the employment of a douche for the thorough cleansing of the wound, followed by the application of a dry dressing. Reflex actions influencing the heart and lungs, probably constitute the source of discomfort arising from wet applications. Several patients who have had operations upon the breast have expressed great gratification upon the discontinuance of the wet dressing and the employment of dry dressings covered with cotton. Such patients however, can lie in a warm bath for a half-hour without any inconvenience.

IV.—*The fourth class* consists in the treatment of wounds by the close union by stitches followed by immersion. This measure is practiced for the more perfect protection of the wound from the contact with atmospheric ferments, with the belief that union by the first intention is not interfered with by the presence of water alone, or water containing a weak solution of carbolic acid or salicylic acid or both combined. The strength should be for a perpetual bath not more than .0006 ($\frac{6}{10000}$) of salicylic acid and of carbolic acid .001 ($\frac{1}{1000}$).

V.—*The fifth class* consists in the management by an open wound covered by a dressing of salicylic acid and smeared by an oil dressing of castor oil 9 parts, carbolic acid 1 part.

It is convenient to have pledgets of lint or old muslin soaked in this fluid and kept ready to be laid upon such a wound or ulcer to serve both to keep the parts moist and to filter the air which comes in contact with the surface. An example of a wound appropriate for this treatment, is a compound fracture of the leg in which irrigation is incompatible with the plaster attachment for extension. An excellent antiseptic protection for such wounds, is a wrapping of cotton infiltrated with salicylic acid. A solution of salicylic acid is made in alcohol in which the cotton is soaked. On drying, the salicylic acid is left in close union with the fibers. If it is desired that the salicylic acid should not fly as dust, a minute portion of glycerine should be added to the alcohol before the introduction of the cotton. As it has been proved that the atmospheric ferment will not pass through any considerable thickness of cotton, it is only necessary that what comes in contact with the wound should be made antiseptic.

The cotton dressing is very convenient dressing for wounds made in opening abscesses, especially when the pus flows away for a considerable time. Putrefaction is kept from creeping into the opening along the stream of escaping pus.

VI.—*In the sixth class* wounds are left open, with frequent salicylated or carbolated irrigation.

The plan is applicable to lacerated wounds which from their position or other circumstances do not admit of immersion. Incised wounds as in the case of the removal of many kinds of tumors in which it is impracticable to cover the raw surface with integument, are best managed in this way, until after the establishment of granulations, after which the dry dressing of the preceding class may be relied upon.

The irrigation should be either perpetual or repeated every twenty minutes, in order to secure a fresh application of the antiseptic before it is dissipated by evaporation.

CASE.—GUNSHOT WOUND—Irrigation.

William Brown, aged 15; out hunting; climbed a bridge; pulled the shotgun up by the muzzle, and, striking the hammer, the charge passed through the forearm. The entrance was on the palmar surface of the forearm; the exit on the dorsum, a length of four inches (10 centimetres) from the internal condyle downward, destroying three inches (7.5 centimetres) of the ulna, but leaving the olecranon process untouched. The anterior opening was 3.4 inch in diameter (19 millimetres) and was powder burnt. The wound was dressed by laying the limb slightly flexed upon a splint and applying every thirty minutes a solution of carbolic acid, four grains to the ounce — not quite one per cent. There was not at any time any redness along the margin of the laceration, and the case was supposed to be doing well, when, on the 27th day, slight hemorrhage occurred in the morning and in the afternoon several spoonfuls of blood were lost. The humeral artery was tied, and while under ether the wound was explored with the finger by which a speculum of bone was obtained, having a sharp point, the whole measuring 20 millimetres in length. It was supposed that the ulnar artery had been pierced by the sharp point of the bone. The next day the pulse was 140, the following day 120, with gradual improvement under the administration of citrate of iron and quinine, with occasional laxatives. There was never any redness of the cutaneous margin, nor any but the most superficial sloughs. The pus was washed away by the irrigation and no odor was at any time perceived except that of carbolic acid. The wound was ordinarily covered with a few layers of old muslin to prevent the too rapid escape of the disinfecting fluid.

This plan is especially applicable to open injuries of the skull and the wound left by the operation of trephining. The dura mater has a very loose connexion with the surface of the bone, being easily detached, and on this account some degree of separation may be expected in injuries and operations. On this account it is easy to suppose that pus in the state of putrefaction between the membrane and the bone may insinuate itself farther and farther under the membrane until an extensive diffuse inflammation is the result. Serious cerebral excitement and septic absorption followed by speedy death, terminate the case. The

prevention of putrefaction obviates the later events, and converts a condition of danger into one of safety. The question of the propriety of trephining after injuries, resulting in depression of bone without laceration of the scalp is placed in new light by the prevention of putrefactive changes. In these cases of considerable depression in which the interference with the proper discharge of the functions of the brain becomes a probable result, the fear of fatal inflammation is set aside by the method of perpetual wetting with a solution of carbolic acid. No dry dressing except that with oil can be relied upon with certainty to prevent putrefaction on account of the growth of the hair and the consequent pushing off of the dressing. The frequent application of the dilute solution of carbolic acid secures the disinfection of all parts exposed to suppuration, destroying any bacterial development in its incipency and preventing the insinuation of septic materials between the bone and the dura mater. The plan of wetting the compress covering the wound every twenty minutes with a solution of carbolic acid begun before the commencement of the putrefaction and continued until granulations have cut off all approach to the inner table of the skull, may be considered a complete protection against this particular danger. Under this dressing, a wound made by trephining becomes as safe as the exposure of any similar amount of bone surface. By this plan of dressing the exfoliation of a greater or less thickness of necrosed bone will be avoided. The perforation of the dura mater in injuries and operations ceases to be a source of alarm, even though a considerable portion of brain substance may have been lost. It is found that if a complete absence of the quality of sepsis is secured, the wound surface of the brain will granulate and cicatrize as quietly and completely as any other wound surface. The operator, in trephining, ceases to think that he has endangered his patient by cutting through the dura mater with his trephine. The wetting of the compress once in twenty minutes must however be *emphasised*. When the compress is removed (once a day) the wound should not be allowed to dry, but should be kept perfectly wet until a new compress is applied.

Translations.

FROM THE FRENCH.

EXCERPTS FROM LATE FRENCH JOURNALS. [Translated for the JOURNAL.] By A. H. OHMANN-DUMESNIL, A. M., M. D., of St. Louis.

DEATH FROM HYSTERIA.—M. Maurice Reynaud had a patient a maiden lady, æt. 33, whom he had in his charge some 7 years. She was taken with a fever, rigidity of the neck, trismus and some days later with pharyngeal spasms similar to those of hydrophobia. There came on then intermittent action of the diaphragm, cyanosis and the patient died during an attack of dyspnœa. M. Reynaud inclines to the opinion that death was due to hysteria rather than to hydrophobia or tetanus. The patient was an opium eater which may have increased the excito-motor power of the spinal cord.—[*Progrès Médical*.

TREATMENT OF MALIGNANT PUSTULE.—M. Verneuil has pointed out means which are brought to bear upon the three concentric zones of the affection: 1st, the central zone, of gangrene; 2d, the intermediate zone, of induration; 3d, the peripheral zone of œdema.

The first must be entirely destroyed, either by excision or by deep cauterization. By means of the thermo-cautery, even in the most vascular regions, the total removal can be effected without causing hemorrhage.

On the second zone, that of duration, a circle of pointed cauterizations distant one to two centimetres from the limits of the first zone, should be made.

In the œdematous region, it is useful to make hypodermic injections distant from each other about five centimetres. The liquid injected consists of a mixture of iodine with two hundred times its weight of water, the quantity injected at each point is ten drops of this solution. It is also advantageous to give tincture of iodine, sufficiently diluted, internally.

M. Verneuil related having cured in this manner a young man who already had very grave symptoms. Another case also recovered.—[*Bull de l' Acad. de Méd.*

LOCAL TEMPERATURE OF JOINTS IN A NORMAL AND PATHOLOGICAL STATE.—M. P. Redard has contributed a long memoir on this subject to the Société de Chirurgie of Paris. The following is a summary :

1. In the normal state, the temperature of the integument covering the joints, is variable; according to the external temperature, to the manner in which the limb is exposed to or from the air, variations of 4° , 5° or 6° are noted.

2. As the distance from the trunk increases, the temperature decreases. The mean of the figures observed for different joints, by means of thermo-electric apparatus, is as follows :

Knee	{ Anterior Aspect	33°C	91°F.
	{ Posterior “	35°.5	95°.9
Ankle	{ Anterior “	34°	93°.2
	{ Lateral “	33°.5	92°.3
	{ Posterior “	33°.5	92°.3
Elbow	{ Anterior “	35°.5	95°.9
	{ Posterior “	33°	91°.4
Wrist	{ Anterior “	33°	91°.4
	{ Posterior “	30°.5	86°.9

The local temperature of joints is higher on the side of flexion and in the neighborhood of large blood-vessels.

4. Repeated movements of flexion and extension during 5 or 6 minutes, raise the temperature of the exercised joint (0°.5C.). The temperature of the corresponding limb is raised at points remote from the joint.

5. In a pathological state, local thermometry is unable to give useful and exact information except in the exploration of superficial joints. Deep joints (ileo-femoral, shoulder) may be inflamed, and the temperature of the integument covering them may be elevated but 0°.5 to 0°.6 C.

6. In sprain, the local temperature of the joint rises a few hours after the injury, attains its maximum from the second to the fourth day and then diminishes. In cases of complicated sprain (with effusion of blood, arthritis), the local temperature remains very high during the whole course of the affection. In certain cases the local temperature remains elevated for a

long time, although the parts seem to have returned to a normal state. The elevation of the temperature, in such cases is an important matter as it indicates the persistence of an arthritis.

Investigation of temperature, in cases of chronic sprain, may give information in regard to the persistence of an articular phlegmasia and consequently serve as a guide for treatment.

7. In articular contusion, the rise in temperature is in a ratio with the violence of the traumatism and the degree of inflammation of the articulation.

8. In effusions of blood, the local temperature rises from the third to the fourth day and remains more or less elevated, according to the violence of the arthritis.

9. Traumatic arthritis is accompanied by an elevation of temperature, on a level with and in the neighborhood of the joint (in case of suppuration of the joint, the rise in local temperature is very marked, approaching that of the body. In no observed case has the local temperature exceeded the general temperature). The elevation of temperature exists not only on a level with the joint, but in the neighborhood and in the whole limb. The maximum of elevation takes place at the focus of the inflammation.

10. Hydrarthrosis is always accompanied by an elevation of temperature ($0^{\circ}.5$ to 1° C.) varying according to the nature of the affection.

In chronic hydrarthrosis of rheumatic origin, the variation is the same.

In articular effusions the result of fractures (hydrarthrosis in fracture of femur), the temperature rises a few hours after the appearance of the effusion, which shows that, in these cases there exists an articular contusion or shock with arthritis and not with infiltration of liquid in the articulation.

11. Foreign bodies in joints are accompanied by a local elevation of temperature which indicates the co-existence of an arthritis.

12. In fungus growths, temperature gives useful information on a level with superficial fungi, the local temperature is elevated some $0^{\circ}.3$ to $0^{\circ}.5$ C. Hydrarthrosis elevates the temperature in a less degree than fungus arthritis. In the case of formation of pus, the temperature rises, chiefly at points on a level with fungi or osteitis about to suppurate.

13. In dry arthritis, the local temperature suffers no appreciable changes.

14. In old anchyloses, elevation of temperature, from $0^{\circ}.5$ to 1° C. are often found. This indicates a certain degree of persistence of arthritis. The observance of local temperature may, in such instances furnish guides for the treatment.—[*Ibid.*

EXCISION OF THE SYPHILITIC CHANCER.—Dr. Charles Mauriac in a long paper on this subject after detailing a number of cases, says that although operated under the most propitious circumstances, no abortive effect whatever was produced and it did not prevent syphilitic intoxication being produced in its usual manner. The ordinary accidents appeared and at the precise date of their normal appearance.

Those who have practiced excision upon a large scale hold that if it does not always prevent intoxication, it at least attenuates the effects. I doubt that this assertion rests upon good and solid proof, for we are ignorant of how syphilis would have turned out if the chancre had not been incised. Some say it might have been more serious, but this is a mere supposition.

After complete failure such as I have experienced, the few illusions I had, on the possibility of preventing the generalization of the evil by destroying early the primitive accident, completely disappeared. From which the conclusion must be drawn that as far as my experience goes, this operation performed under circumstances exceptionally favorable and at a very early date cannot prevent the generalization of the affection.—[*Gazette des Hôpitaux.*

SIMULTANEOUS TRANSVERSE FRACTURE OF THE PATELLE DUE TO MUSCULAR ACTION.—The rarity of such cases lends a certain amount of interest to the following case observed by M. Ozenne. The subject was neither alcoholic, scrofulous, cancerous nor syphilitic. During the eight years preceding the accident, he was attacked three times by general acute articular rheumatism, complicated with heart troubles; and the knee joints were always the last to be freed from the rheumatism.

The patient a young man of twenty-two was playing leap-frog. He had just taken a start of a few yards preparatory to leaping, when his progress was suddenly stopped, he bent in all his joints and, at the same time, heard a dry sound, a crackling,

and immediately fell backward. It was impossible for him to rise and it was only by the aid of and sustained by two persons that he could stand. Brought to the hospital an examination showed the accident to be a transverse fracture of both patellæ with a separation of 2 to 3 centimetres, with mobility and crepitus of the fragments. At the same time, there was quite an abundant effusion in the joint.

During the first week both limbs were placed in gutters, the knees covered with linseed meal poultices. At the end of a week plaster dressings were applied, the fragments being held, as nearly in apposition as possible, by means of strips of adhesive plaster applied above and below the patellæ and crossing each other in the popliteal space. A fortnight later, a callous had formed on the right side, in such a manner as to make the fragments appear in contact. On the left side the callous measured one centimetre in length. The limbs were maintained in this manner 20 days, the patellæ being uncovered.—[*Abeille Médicale*.

LINIMENT FOR CHILLBLAINS :

Alcohol (85°).....	10 parts.
Glycerine.....	25 “
Carbolic acid.....	1 “

Apply night and morning to the ulcerated chilblains.—[*Le Méd. Prat.*

LOZENGES FOR THE COUGH OF PHTHISIS.—Dr. Reuss gives the following :

Pure Balsam of Tolu.....	20 centigrammes.
Pure Beech Creosote.....	05 “
Any excipient.....	q.s “

Make into a lozenge ; of this from 2 to 10 are given daily.—[*Revue de Thérap.*

ATROPHY OF BOTH OCCIPITAL LOBES IN A CASE OF DEAFNESS.—M. Luys met with this lesion in a woman who had become deaf 50 years previously, from a suppurative affection of both ears. This fact presents a great deal of interest in regard to the localization of sensations in the cortex.—[*Paris Médical*.

POTT'S DISEASE AND TRANSPOSITION OF VISCERA.—M. Duguet at a meeting of the Société de Biologie, gave the history of a case-

occurring in his practice. A woman æt. 32, of a serofulous constitution had the symptoms of Pott's disease in the cervical vertebrae. There was constant pain in the posterior cervical region, and irregular pains in the arms and upper part of the chest. The right arm lost motion but retained sensibility. On examining the chest, the heart sounds were heard under the right clavicle as happens in some cases of tuberculous induration of the right lung. Absence of precordial dullness on the left side but present on the right. The apex of the heart beat at the fifth right intercostal space.

Almost complete resonance in the normal region of the liver; hardly was there a small amount of dullness above and behind this region. Percussion showed the liver to be on the right side. In spite of all treatment the patient finally succumbed and a post-mortem examination confirmed the diagnosis. The stomach presented the pylorus to the left, the duodenum and pancreas being also in inverted positions. The cœcum was in the left iliac fossa and the sigmoid flexure in the right.

The ovaries and spleen were normally situated, and also the kidneys, the left being a little low down. The openings in the diaphragm were completely transposed.—[*Progrès Médical*.

METALLIZED BRAIN.—There was presented at the Academy of Medicine of Paris, in behalf of Dr. Oré, of Bordeaux, a brain preserved and metallized by means of galvanoplasty. In his note on the subject he mentions that Broca had already presented in 1878, a brain prepared in the same manner, but it was reduced to one half of its size. Dr. Oré has succeeded in obtaining preparations differing but little in size from the normal. The method, which is applicable to all the nerve substances as well as to the brain and spinal cord, is as follows: After having removed the meninges with the greatest care, pieces of cotton are placed in the sulci of the brain, so as to separate the convolutions well. Particular attention must be paid to remove the membranes which might hinder the preserving liquid from entering the ventricles. The brain prepared in this manner, is placed in a vessel containing alcohol of 90° and left in it one week at least, sometimes longer, until it has attained a degree of *hardness* which permits of its being suspended in a bath. This degree of hardness having been obtained the cotton pledgets in the sulci are removed. The brain is then placed

in an alcoholic solution of nitrate of silver (1 part to 10 of alcohol), in which it remains for ten minutes. It is then allowed to drip until all superfluous drops have been removed. This exposure to the air never exceeds a length of fifteen minutes.

It is then that the brain is fixed to an iron rod, which is fixed in a wooden box in which sulphuretted hydrogen is introduced. Almost immediately the whole surface assumes a blackish tinge due to the formation of sulphide of silver. After a sojourn of about twenty minutes in the box the brain is again exposed to the air for about fifteen minutes. It is then placed in the galvanoplastic bath, after being well assured that the surface presents a black tint with a *metallic lustre*. This is very important to obtain a good deposit of copper.—[*Bull de l'Acad. de Méd.*

TREATMENT OF KERATOCONUS BY THE USE OF CONICAL GLASSES.
—Prof. H. Dor mentions that in 1879 Dr. Raehlmann presented conical glasses which he had made to correct the defect due to a conical cornea as in keratoconus. The glasses represented the idea well but were very defective in construction. Unhappily he could find no optician willing to take the trouble to make them.

The author after several attempts succeeded in finding an optician in Geneva who made glasses that were good, the only objection being their high price. The glasses were made of the usual size of those in trial cases 4 centimetres in diameter and those presented had respective depths of 2, 2.5, 3 millimetres. He has tried the glasses on eight eyes in five cases and some wear the glasses with a great amelioration of sight. Sharpness of vision is obtained for far and near objects, which could not be obtained by the strong spherical glasses employed and besides this the whole extent of the vision is preserved.—[*Lyon Médical.*

FROM THE GERMAN.

Translated for the JOURNAL by A. H. OHMANN-DUMESNIL, A. M.,
M. D., of St. Louis.

CATALEPSY.—Strübing, in the *Arch. für Klin. Med.* says that cases of genuine catalepsy are rare. The following case occurred in a chlorotic girl, aged 18, and was caused by a light melancholia. A hysterical predisposition also existed in the case. The attacks came on during menstruation daily and spontaneously, and in the intermenstrual periods at intervals of several days. Upon pressing on the left ovary the appearance of rigidity disappeared and energetic compression brought back consciousness. By causing her to look at a shining object the attack could be brought to its greatest height, also by galvanization of the head. The rigidity, being sometimes stronger in the upper extremities. During a severe attack there was anæsthesia, and analgesia, unconsciousness and memory was lost.—[*Centr. für Nerven. Psych. etc.*

DOUBLE OVARIOTOMY FOR HYSTERIA.—The first operation of this kind in Italy was lately performed on a girl 23 years old. She had menstruated since her 15th year and at every period had attacks of melancholia and hysterical cramp. Later the attacks became maniacal and in the interval there could be noted a marked weakening of the mind.

The operation was a complete success and at the time of the observation seemed to promise well for the future.—[*Ibid.*

RUPTURE OF THE URETHRA DUE TO COITUS.—GREAT HEMORRHAGE FROM THE URETHRA.—RECOVERY.—Leopold Alexim entered hospital May 21, 1878. With the exception of a gonorrhœa contracted two years previously and which lasted some three weeks, no other disease could be learnt of. Some five days before admission, he had a considerable hemorrhage from the urethra supervening after a coitus. The amount of blood lost was about 200 grms. The bleeding ceased upon applying cold dressings, but recommenced whenever the patient passed his water. This

state of affairs lasted two days, on the third and fourth day, clear urine was voided without the least trace of blood. On the fourth day a profuse hemorrhage set in, some 100 grms. being lost.

The patient is of moderate height, strong and healthy. Examination shows the thoracic and abdominal regions to be normal. The orifice of the urethra is glued tight by blood and when opened and the glans washed clean of blood, the hemorrhage again set in, in a steady flow, as the application of ice did not repress it, a large elastic catheter was introduced into the bladder and a compressing band placed about the penis. On the next day the catheter was drawn without any bleeding manifesting itself. The urine was cloudy with mucus and pus in it.

During the following seventeen days, the patient remained in hospital, no more bleeding occurred; at intervals there was a slight burning on urinating. From May 30 till June 8, metallic sounds were daily introduced into the urethra and allowed to remain about ten minutes. The diameter of the sounds was from 5 to 6 millimetres. On June 8, the patient was discharged, cured and able to work.—[*Memorabilien*.]

Proceedings of Medical Societies.

ST. LOUIS MEDICAL SOCIETY.

SATURDAY, Jan. 22nd, 1881.

Distended Gall Bladder.

D. SCOTT exhibited to the Society the duodenum of a man who recently died under his care, showing inflammatory thickening, which had caused the occlusion of the common duct. He gave the following history :

The history of this case is simply this: Some four weeks ago, I was sent for to see this gentleman, whom I have known for a number of years as a man of remarkably good health until within the last three or four years, at which time he was attacked by what he believed to be dyspepsia, suffering intense pain in the stomach, no vomiting, but suffering intense pain radiating upwards and downwards along the thoracic cavity. These pains continued from time to time for nearly three years, so intense at times, he thought of suicide. During his last severe attack he was on his way from New Orleans to this city and he told me that he felt inclined to throw himself overboard. He had no regularly attending physician, although suffering so much, supposing that dieting would give him relief. It was four weeks ago that I was called and found him suffering very much at the time, laboring under symptoms such as Watson calls "Dyspeptic Colic." Severe pains in the epigastrium, pain in the pectoral muscles, described his suffering as though some one had set a heavy mill on his shoulders, which, as you know, characterize dyspepsia.

From this history of the case I thought I might have cancer of the stomach to deal with and made a thorough investigation. Found no nodules, no thickening, no cachexia.

I then turned my examination to the liver, which I found exceedingly large, extending midway from the floating ribs to the crest of the ilium, large, firm, dense, but not what we call hard, round in form, perfectly smooth nothing to indicate cancer of that organ; although at first I thought I might be dealing with cancer.

These severe pains, I was then inclined to attribute to the passage for gall stones, but I could learn no history of gall stones. I excluded hepatitis, as there were no symptoms which are found to accompany acute or chronic hepatitis.

He belonged to a long lived race of people, who were noted of good health, a man of upright character, having been guilty of no youthful indiscretion. He was exceedingly jaundiced, no vomiting occurring after my first visit. His appetite was good. He could digest his food.

He suffered no pain after my first visit. I relieved his intense pain—subnitrate of bismuth and morphine, were used for this purpose. As soon as I relieved the pain, I turned my attention to the jaundice; I could not get rid of it. There was no tenderness over his liver. It seemed to me the medicines used to get rid of the jaundice had no effect upon him. He continued to sink, gradually poisoned by the accumulation of bile, thoroughly poisoned by it. He retained his consciousness until an hour before he died.

One of the strange features of the case—about twenty-four hours before he died, at the time of making my last examination, this enlargement of the liver had gone, I could not find it. The liver, as I said, was large, extending from midway between the floating ribs to the crest of the ilium, where I came upon a kind of fluctuating tumor. I began to upbraid myself thinking I might have wrongly diagnosed the case and that the man had an abscess of the liver. This was the most curious feature about this case, that the liver should have given way so rapidly.

On making the post mortem, we found the liver had shrunk, it looked shriveled, showing it had been enlarged. We found a very curious condition of affairs, a fibrous thickening of the duodenum obstructing the common duct where it entered the duodenum very hard. The gall ducts were very much enlarged, as much as three times their natural size; some of these were so large as to admit the finger; in the common duct you can get two fingers. In the pancreatic duct we have also this thickening.

The cause of the trouble was inflammatory thickening of the duodenum, directly at the opening of the common duct damming up the bile to such an extent, that the whole liver was infiltrated with bile, all of the tissues were thoroughly saturated, and dyed

with bile. The gall bladder was distended to three times its natural size. It was this that I felt and thought a fluctuating tumor.

DR. LUTZ.—Did you make an attempt to reduce that tumor by pressure, to pass up by force the contents of the gall bladder. I only call attention to the fact, in no spirit of criticism, that sometimes when the gall bladder is very full, filled with bile, and there is an obstruction to the outlet of the bile to the duodenum, pressure from without will empty it. I wish to ask if he made that attempt.

DR. SCOTT.—No, sir. So far as criticism is concerned, I think, that when a man presents a case to this Society, they have a right to criticise. My object is simply to have it discussed. If I have made any mistakes I will think none the less for criticism. I am not tender footed upon those points at all. I will say that in making the post mortem, I was assisted by Dr. Mudd who can verify the statement I have made in regard to post mortem appearances.

DR. LUTZ.—The case reported by Dr. Scott, brings to my mind two cases which came under my observation. One, that of a woman about thirty-five years of age, the mother of four children, whom I was called to see when she was suffering from colic. On palpating the abdomen, I discovered a large tumor about the size of a child's head on the right side. The tumor reached below a line drawn from the umbilicus to the right and superior spine of the crest of the ilium; it was not painful on pressure and fluctuated slightly. Repeated examinations which I made, subsequently did not reveal to me a satisfactory explanation of the nature of the case. Of course, I suspected that the tumor might be connected with the liver, but there were no symptoms pointing in that way. There was a distinct area between the tumor and the margin of the liver, there was not the slightest jaundice, the color of the stools was normal, there was neither laxity nor constipation of the bowels. On the other hand the uterus and the bladder were not connected with it. I was seriously in doubt whether it was a cystic tumor connected with the right ovary, until the diagnosis was one day cleared up, by the patients vomiting at least a quart and a half of bile after the administration of some laudanum.

The other case I call to mind is that of a woman of fifty-two

years of age, jaundice due to obstruction to the outflow of bile from the gall bladder. There was a distinct tumor and there was no difficulty in locating it. In addition to the internal remedies which were given as the symptoms demanded them, I made use of pressure upon the gall bladder which completely emptied it. I report this case to call attention to this method of emptying the gall bladder. I do not find it mentioned in any of the usual text-books, except in Gerland's "HANDBUCH DER KINDERKRANKHEITEN." Of course, the method is not applicable to all cases of obstruction, but in those which result from an extension of a gastro-duodenitis into the common bile duct, it may be of great service, provided the abdominal walls are flaccid enough to admit of its use.

Tumor of the Testicle.

DR. PREWITT.—Some time about six weeks ago a man came up from Southern Missouri to St. John's hospital with enlarged testicle, with the view of having it removed. On examining I found a tumor of pyriform shape, smooth outline, considerable firmness consistent, no fluctuation that I could determine. It was not translucent.

The man stated he had had some swelling there for a number of years but first noted some two years before. For the last two or three years it had been of considerable size. He was emaciated to a considerable degree. The superficial veins of the abdomen on the right side were considerable enlarged, very little on the left side. In the abdomen just above the umbilicus a little to the right of the median line was a distinct tumor hard resistant, not pulsating, firm, not movable, and extending upwards and downwards.

It was a question whether the tumor was connected with the liver or stomach, or was simply an enlargement of the lumbar glands. The liver was not enlarged. The area of dulness did not extend below the margin of the ribs. Between the more prominent part of the tumor and the lower border of the ribs was a distinct resonance upon percussion. There was no evidence of any nodulation of the liver. There was no marked symptom. The man had not a good appetite, but he did not vomit his food and had no special pain about the stomach.

There was nothing to lead to the supposition that the tumor was connected with the stomach itself. In spite of the long

history of the case, its long duration, I was satisfied it was of malignant growth, secondary enlargement in fact of the lumbar glands, and so stated to him and his friends, and of course declined any operation.

As a rule, malignant tumors of the testicle are of comparatively rapid growth, yet if we are to accept this man's statement it certainly existed several years, possible ten. He stated that there was some hard mass ten years before.

There was the characteristic enlargement of the veins of the abdomen, indicating obstruction of the venous circulation, and especially of the right iliac. The vessels were all engaged in this mass. Of course, in making a diagnosis, we had to take into consideration the various tumors of the testicle. Very few other conditions of the testicle could have been mistaken for this. It might have been syphilitic, but there was no history of syphilis, no syphilitic lesions. It was not chronic inflammatory enlargement, for it had not presented at any time inflammatory symptoms, nor was it flattened from side to side. There was no hydrocele connected with it.

The man was much emaciated; there was marked cachexia I placed him upon Cliban turpentine, thinking to give him the benefit of any virtue this drug might possess. He experienced some relief from the pain, but there was no improvement other wise. He had complained of much pain in the lumbar region. He had some hemorrhage from the lungs, which was controlled but he became greatly depressed mentally, was taken suddenly worse and died, from what immediate cause, I do not know. I was unable to make a very thorough post-mortem, only succeeded in getting the testicle and some of the enlarged lumbar glands. The liver was not enlarged. There was no evidence of disease of the liver, except here and there a minute abscess containing a creamy like fluid, which I suspected to be cancerous instead of pus. Unfortunately, I did not save any of the liver or of this fluid and had no opportunity of examining these under a microscope.

It will be seen the large blood-vessels, including the aorta, vena cava and right iliac vein, are included in the mass, though the obstruction to the circulation through the right iliac vein doubtless accounts for the unilateral enlargement of the superficial abdominal veins.

This is only a portion of the enlargement about the lumbar

region. It was impossible to get it all out. I only took a considerable mass to give an idea of the general character of the enlargement. It extended beyond the point at which it is cut off—perhaps beyond the diaphragm.

The patient was 32 years old and a married man.

SATURDAY, JAN. 29th, 1881.

Therapeutic Effects of Hyosciamine.

DR. C. H. HUGHES called the attention of the Society to the value of hyosciamine, hypodermically employed in the management of delirium. It has long been known to the alienists of this country and of Europe that hyosciamus is capable of exerting a peculiarly salutary effect over maniacal excitement and nervous disorders. It has been used for a very great number of years. In the July number of the *American Journal of Insanity*, Dr. John B. Gray, the distinguished Superintendent of the New York State Lunatic Asylum, presents a paper giving in brief his experience upon the subject. The use of hyosciamus is not new, but the employment of hyosciamine is. The drug most commonly employed is Merck's hyosciamine or Merck's hyosciamine semi-solid extract, and the white crystals are the forms in which the remedy is used. The dose of the former is given as one-thirtieth of a grain; and of the latter, one-sixtieth of a grain. In these doses it will not give satisfaction; but in the use of one-fourth to one-sixth of a grain, in the violent delirium of acute mania and in fact, the delirium of any form of mental aberration, it will give the best results. I speak from having given it personally. It is good in delirium tremens. I have now under treatment, a patient who is laboring under maniacal excitement who has not failed to sleep a single night on a single dose hypodermically, from the time I first began the employment of the drug, and this effect is but confirmatory of other similar results of the use of the drug in the same way.

It is not unusual in a case of high manical excitement, where

your patient absolutely refuses food and resists medication by the mouth or rectum, with a simple alcoholic solution of one grain to the drachm, ten minims being the maximum dose, to produce results which are astonishing. The sleep of hyosciamia is much more prolonged than that produced by chloral hydrate, and chloral hydrate has heretofore been considered the best hypnotic in cases of this kind for the purpose of calming excitement. A patient laboring under the most violent maniacal excitement will go calmly to sleep after a hypodermic injection of ten (10) minims of this solution, made in the proportion of one grain to a drachm of alcohol, and remain asleep, never less than four to five hours and often as long as eight. I have seen it produce abscesses like morphia, etc., when given hypodermically and the dilatation of the pupil which it causes and perverted vision makes its use objectionable in some instances, for simply calmarative employment in the hallucinated. Its preferable use is as a hypnotic given during the time for sleep, yet it sometimes so disturbs the visual apparatus as to break up and dissipate recently acquired illusions hallucinations and delusions.

DR. NEWMAN.—How is this solution made?

DR. HUGHES.—With alcohol; the white crystals-hyosciamia is double the strength of the dark semi-solid hyosciamin. It is safer to give it in about one half the quantity. Thus one-twelfth of a grain to a drachm will give excellent results. It is not soluble in glycerine, in fact, one of the most difficult problems I had in beginning its use was to find a proper solvent for it. I tried glycerine and I tried various agencies and I found that no watery substance would make a good solution. If you add water to it, it becomes murky. It is far preferable to chloral hydrate and it is preferable to morphia, etc. Besides, there are conditions known to every physician when we cannot use morphia.

DR. KEALHOFER.—Does it intoxicate?

DR. HUGHES.—It does not in full hypnotic doses. It makes no perceptible effects other than tranquilizing in cerebral excitement.

DR. ATWOOD.—Do you say the alcoholic solution is the only one that can be made?

DR. HUGHES.—It is the only one that I have made use of. I

am not prepared to state that it is the only solution that can be made.

DR. ATWOOD.—Does it alleviate pain?

DR. HUGHES.—Well it does so, so far as I know. I am not prepared to say that it is an anodyne; it quells the excitement and produces sleep without any delirium. At Utica it was not uncommon, as Dr. Gray testifies and he made use of it in more than a hundred cases, for patients whose manner was restless and destructive after the use of one injection at night and one in the morning to sleep at night and be tractable during the day, eating food and wearing clothing; and often chronic maniacs conducted themselves almost in the manner of sane people. The common idea we have of hyosciamine is that it produces cerebral excitation, but it seems that this extract, when you give it in doses adequate to the production of full sedation produced but little and transient precursory excitement. I have known small doses of it however to cause presbyopia, amblyopia, and hemiopia.

DR. POLLAK.—Is it very costly?

DR. HUGHES.—It is very costly. That is it costs—the dark extract, twenty-five cents a grain, and the white crystallized, seventy-five cents a grain.

DR. POLLAK.—Have you ever used extract of hyoscyamus?

DR. HUGHES.—Yes, sir; I have used it a good deal.

DR. ATWOOD.—You use alcohol for dissolving the hyoscyamia?

DR. HUGHES.—Yes, sir, a solution of one grain to a drachm of this drug; the dose is five or six drops of the white extract, five minims would be one-twelfth of a grain, the maximum dose in high cerebral excitement. It is better not to commence with so large a dose. A beginning dose recommended by those who have employed the drug in Germany is one-thirtieth to one-sixtieth of a grain. So far as calming cerebral excitement is concerned, I could never get satisfactory results from such small doses as that, but I have used from one-fourth to one sixth of a grain of the dark extract, and one-half that quantity of the other repeatedly, and have come to look upon it as a safe dose. And this is the testimony of Dr. Gray and of Dr. Landen Carter Gray, of Brooklyn, Seguin and others, in reference to the

calming of cerebral excitation. I consider it so far as my experience has gone, and I have tried it a good deal considering the short time it has been before the profession, destined to supplant the other remedies used for immediately calming the excitement of acute insanity.

DR. FORD.—I would like to ask the doctor if he has ever tried hyoseyamia in cases of melancholia?

DR. HUGHES.—No, sir. I have never tried it in those cases, because I generally use morphia in melancholia, as it has a peculiarly beneficial effect on the tonicity of the debilitated cerebral centres except when its use has been too long continued.

DR. FORD.—I would like to inquire if it is not the general sentiment of medical gentlemen devoted to this class of disease, that chloral is especially useful in such cases of melancholia, and if it is not administered in many cases.

DR. HUGHES.—Chloral is not so favorably regarded as morphia for cases of great depression but it is a remedy which is very much used. I suppose I use chloral hydrate differently from most persons. I make it an invariable rule, and have for years, to rarely give more than a single full dose daily at bed time. When Liebrecht first introduced chloral hydrate I began using it as people usually do with five and ten grain doses and I soon found that it would not answer. I found that the chloral produced no effect so that it always happened that sooner or later I had to give a full dose; so I speedily abandoned that plan and adopted that of giving a single dose at a time when I thought it was most natural for the patient to go to sleep. Then if the case is more excitable than usual and it is absolutely necessary for him to have immediate sleep. I give him another dose between that and morning. I give such doses as I think the system needs, a twenty-five grain dose or a thirty grain dose, and this failing I give forty grains or more if demanded at one dose at late bed time. After one dose, I allow usually an interval of twelve hours to intervene so that the chloral hydrate may be eliminated from the system.

DR. KEALHOFFER.—I would like to ask if you use hyosciamine in any other way than hypodermically, and in what doses and with what results.

DR. HUGHES.—I have given it by the mouth.

DR. KEALHOFER.—What doses?

DR. HUGHES.—In the same dose; but in giving by the mouth in the majority of cases of delirium you cannot be certain that your patient gets the full dose as they will sometimes spit it in your face or close their teeth and let it run out at the corners of their mouths.

DR. LUTZ.—Judging from the questions that have been asked in regard to the use of hyosciamine it seems to me it cannot have been much used so that, perhaps, the little testimony I can bear may be of some value. About a week ago Dr. Hughes called my attention to hyosciamine and during the course of the week, I used it in three cases. One of occasional insanity, in another, a case of delirium tremens and the third a case of meningitis, occurring in a child seven years old. In the third case I had no difficulty at all in making the patient take the medicine. It was given *per orem*. I will say that I gave it in doses of one-fortieth of a grain; still the result was very satisfactory. It produced sleep last night, the child slept, I think six hours after a dose of one-fortieth of a grain. In the case of the delirium tremens my patient had not slept for three nights in spite of large doses of chloral and morphine. It was one of those cases in which it seems almost impossible to make the patient sleep. In this case I gave one-tenth of a grain; I felt that I was justified in giving rather a large dose on account of the long time he had been without sleep. He did sleep, on this dose, four hours. The case of delusion of insanity is perhaps not of much value because he had intervals of sleep of perhaps an hour. I have given it to him every night since and he sleeps, he tells me, from bedtime, which is nine o'clock, until five o'clock every morning. These are only three cases and perhaps not of much value but they undoubtedly bear testimony to the efficacy of the remedy.

Can the Human Body be Infected with Syphilis by the pus from a Fistula in the Horse? The Report of a Case which gives an Affirmative Answer. By A. Williams, M. D.

Mr. James P—æ. 48, an Englishman, consulted me on account of dimness of vision, June 28th 1877. The eyes externally were bright and clear. There were total adhesions between the pupillary margin of iris and anterior capsule in both

eyes. There were positive evidences of secondary syphilis visible over the body, as will appear in the sequel. The adhesions between the iris and capsule spread out in such a way that they formed almost complete false membranes through the pupils. This was sufficient to account for the dimness of vision. The pupils would not dilate under atropine.

DIAGNOSIS OF SECONDARY SYPHILIS, causing a previous attack of iritis in both eyes, which resulted in total adhesions between iris and lens in each eye, with partial false membranes in the pupils. But the most interesting point in connection with the case is the manner in which he is *positive* he became infected with constitutional syphilis. On this account I report the case briefly :

Dr. Ford, in his paper on the way in which syphilitic infection usually occurs, referred to "glandered" horses. That reminded me of this case and I determined to hunt him up and get the facts fresh from him again. I give them in substance as I obtained them from him a few days ago. I will say here that from the character of the man I am satisfied that what he says is reliable. At least I believe him.

In the spring of '77, the patient had a horse, which got a profusely suppurating *fistula* in the usual place on the top of the neck where the collar works. The patient treated the horse by washing the sore with a sponge and applying various medicines to it. During the time that he thus treated the horse he accidentally mashed off the end of the middle finger of the right hand, including part of the nail. One day in washing the sore on the horse he noticed that, in squeezing out the sponge, his sore finger was bleeding. This alarmed him somewhat, fearing the pus might give him trouble in the finger, which as yet he had not even tied up. He at once washed the hand and cleaned off the sore on the finger *thoroughly* and tied it up. Three or four days afterwards a large abscess formed in the right axilla. Soon afterwards a large abscess formed in the left axilla. Then another developed in the right axilla close by the first. These all suppurated freely. About the time the abscesses began to get well, the surface of the skin showed large spots over the body of dark brown color and of various sizes. These spots lasted for some weeks, and were followed by a crop of innumerable papules, or "little boils," as the patient called them. Some of these came to a head and discharged a small amount (a mere

particle) of pus. In others no pus formed. These papules, or little boils, covered literally the whole surface of the skin. The patient declares that there was not a patch of healthy skin on the whole surface of the body as large as a quarter of a dollar. They covered the soles of the feet, the palms of the hands and matted the hair together. These papules gradually dried up. But about the time they began to get better both eyes inflamed; first, the right and then the left.

The inflammation caused him a good deal of pain in and about the eyes. He soon became completely blind and had to be led about for several weeks. After a time, his sight gradually cleared up so that he could see to travel, and in the mean time he got well enough to travel, and with his family he started for St. Louis. Up to that time he had been living in Port Gibson, in Mississippi. Up to the time he left he had been seriously sick for several months. In this sickness he was treated by a Dr. Russell, who soon afterwards died of yellow fever. As soon as he reached the city he applied to me, as above stated, on account of his partial blindness. The history and the condition of the pupils prove to me conclusively that he had had iritis in both eyes; in consequence of which sufficient lymph had exuded into the pupils to completely blind him for a time. The inflammation having subsided by limitation, the effused lymph had partly absorbed, leaving the total adhesions and the partial false membranes in the pupils as above stated. When I first saw the case, patches of his skin were covered by a scaly or branny eruption, notably on his arms. Under the scales the skin seemed to be quite red. Soon after the commencement of the disease, the patient had continuous and severe syphilitic pains or rheumatism all over his body. This suffering was so great that he would not only throw the cover off at night, but he would also have to get up and walk the floor for hours.

On the left side of the left leg he had a large suppurating ulcer, involving only the soft parts. To his knowledge he had never had varicose veins. This ulcer started in the form of an abscess, about the time the papular eruption began to subside. At first it broke out and discharged freely, and then closed up; then broke out again for a number of times. Finally it became an open permanent sore. His hair never fell out; neither had he ever noticed any sores in his mouth.

There was no scar on the end of his finger, which would,

seem to show that the poison had been taken directly into the blood without the intervention of primary or initial chancre. The poison being taken directly into the blood would account for the early and decided manifestation of secondary symptoms. Dr. Maughs would probably say that the poison was "secondary" in character and was transmitted "in kind" to the man without a primary sore or chancre.

Whatever may have been the kind of poison that got into the blood, one thing is certain and, in my judgment, beyond dispute or question, that the eruptions on the skin, the syphilitic pains or rheumatism, and the double iritis with the attendant effusions with lymph into the pupils, forming total adhesions to lenses and partial false membranes in both pupils together with the ulcer on the leg not only *justify* but *warrant* the diagnosis of *secondary syphilis*.

On my first examination I, without hesitation, pronounced it such, and the prompt and good result of the treatment confirmed the diagnosis.

I gave him iodide of potash with bi-chloride of mercury internally, and had him use mercurial ointment by inunction till he was slightly salivated. The result was very satisfactory indeed. The skin rapidly cleaned off, the syphilitic pains ceased entirely in a few days, the ulcer on the leg healed up rapidly, and the effusion in the pupils was rapidly absorbed, so that his vision got to be as good as it ever was. The adhesions still remain but do not interfere with his sight. The man went to work in a few weeks after I began to treat him, and has been at work ever since. He continued to use the anti-syphilitic treatment for some months, and has not had any evidences of the trouble since.

This case certainly answers the question asked in the beginning. I am very well aware that it will be claimed that this man got syphilis in the usual way. He frankly owns that he had sexual intercourse with a girl in England at the age of seventeen, thirty years before this trouble came upon him. From this girl he got the clap, which however, was not bad and soon got well. Soon after that he married, and now declares positively that he never had the slightest symptom of syphilitic trouble up to the time he was poisoned, as stated.

He candidly says, if he had ever had such a disease, he would not hesitate to say so. Of course, I cannot vouch for

what he says, but I believe he tells the truth. He is firmly convinced that he caught the disease from the fistulous sore in the horse. In my judgment there is not the least doubt about his having secondary syphilis, when I first saw him, now about three years ago. Septicæmia might have caused the abscesses, but it could not have given rise to such characteristic symptoms; besides, had these symptoms resulted from septicæmia, the anti-syphilitic treatment certainly would not have so promptly and effectually relieved all of them.

The patient's wife became pregnant just before he got sick. During his sickness he had no sexual intercourse with her. After his skin cleaned off and got quite well he asked me if there would be any danger to his wife. I replied, that the chief danger to her would come from another pregnancy. Fortunately, her change of life came upon her just at that time, so that she has not conceived again, and will not. Thus far she has escaped contamination.

SATURDAY, FEB. 5TH 1881.

DISCUSSION.

DR. WILLIAMS.—If there is nothing else before the Society, I would like to say that, after the reading of the report of a case of syphilis, supposed to have been contracted from fistula in a horse, and the adjournment of the Society, last Saturday evening, Dr. Ford remarked to me that the case was probably not one of syphilis. I would like to know why he does not consider it syphilis?

DR. FORD.—The man may have had a latent syphilis. Latent syphilis I believe may be excited into activity by the induction of suppuration or by absorption of pus as in pyæmic intoxication. It is possible that Dr. Williams' case may have been of this kind. The man may have had syphilis, though he denies it, for we cannot accept the statements of patients on those points, as many of them will say what they know to be untrue. It is also possible that they may be honestly mistaken, and that a chancre may have existed and disappeared unnoticed. While

nevertheless, after a long period of time, the evidences of secondary syphilis appear. Whether or not Dr. Williams' case was one of syphilis I can not say ; indeed, I never undertake to determine the nature of any case without personal inspection of the patient and actual observation of the symptoms.

The simple remark I made to Dr. Williams, was intended to be suggestive, and in no way positive. It was also made after the adjournment of the Society in a casual way. What I meant was to suggest the possibility of farcy in this case, as some of the symptoms seem to show. The ulcerating tubercles and superficial abscesses with rheumatic pains and irregular fever seemed to me suggestive of chronic glanders, in the stage known as farcy, which often gets well in the human subject.

DR. WILLIAMS.—I do not claim at all that this man got the syphilis from the horse, although he says, positively, that he never had syphilis before this trouble came upon him. He is positive that he got the disease, whatever it was, from the horse. I am positive he had secondary syphilis. I don't think there is a possibility of doubt about that. I don't maintain that he got it from the horse, although he is positive that he did.

I report simply the fact in the case and let that speak for itself.

The visible symptoms were sufficient to justify the diagnosis of secondary syphilis, and the result of the treatment confirmed the diagnosis, and if he is mistaken it is a mistake of judgment, or memory. He is certainly *honest* in what he says.

DR. FORD.—In pyemic cases, muscular pains closely simulating those of rheumatism are characteristically observed.

DR. NEWMAN.—Do I understand Dr. Ford, in his remarks on latent syphilis to say that latent syphilis is excited into activity by the occurrence of suppuration, or the introduction of septic matter into the system from some other source ?

DR. FORD.—Yes, sir.

DR. NEWMAN.—I think the statement by Dr. Ford involves a very interesting question. Now we all know that there are instances of delayed syphilis—syphilis which is delayed beyond the ordinary time of incubation, sometimes, perhaps quite a long time. It has often occurred to me to ask myself the question. What has become of this virus? Where is it. We know that

some forms of virus will remain a very great length of time. The poison of hydrophobia has been known to remain in the system ten, fifteen or twenty years. Now sir, it is an interesting scientific point to inquire where that virus is, during all this time. It is certainly there, but the blood is not poisoned by it, and if it is not in the blood where is it?

Now in thinking about this matter I have come to the conclusion that this virus of hydrophobia is still localized at its point of contact. That when the person is bitten or the animal is bitten, and lymph is thrown out, becomes inspissated and holds the virus imprisoned, where it becomes incapsulated, and so remains until relieved by some accidental cause, as suggested by Dr. Ford, which sets in action the poisonous matter which is speedily developed. I cannot believe sir, that the poison is immediately absorbed as was taught by Dr. Gregory some ten or fifteen years ago, viz.: that an efficient contact of syphilitic or vaccine becomes at once constitutional, so that if the part were at once excised, contamination would follow, nevertheless. I don't know whether he still holds to that doctrine, but he enunciated it ten or twelve years. I cannot believe it sir, I believe this virus is arrested, incapsulated, as I have suggested, at the place of contact, sometimes an adjacent gland arrests syphilitic virus; sloughing takes place, and the poison may be entirely eliminated. But in this case, we say, the disease was a chancreoid. These are interesting points, but I think my idea about the local incarceration of the poison in the parts is true. I would like to hear the views of the members on the subject.

DR. HENSKE.—Have you ever heard of a case of hydrophobia which has developed fifteen or twenty years after the bite.

DR. NEWMAN.—I have never seen a case of hydrophobia in my own practice, but I think there are well authenticated cases in which the poison has remained latent for a long time. Dr. Youatt in a book on animals, I think cites a case of hydrophobia has occurred in animals taking place, quite often after being bitten a long period before. I don't know exactly how long.

DR. FORD.—Our knowledge on this subject is of course vague. Virchow suggests that in the latency of syphilis, the poison remains stored up or localized in some of the lymphatic glands, until some active process causes its dissemination anew

throughout the system determining a new access of syphilis. I have recently had a case in which all symptoms disappeared two years ago. The patient contracted a chancreoid some three months since, which seems to have awakened a long train of most characteristic secondary phenomena, scaly eruptions, mucous patches, etc.

DR. FAIRBROTHER.—There is probably nowhere a better illustration on the subject of latent poisons, than that which is shown in some of the manifestations of *Rhus Toxicodendron*. Doubtless many members of this Society are familiar by personal observations and some by personal experience, with these phenomena; especially those who have lived or practiced in the rural districts. There is scarcely anything more remarkable in the phases and nature of the animal economy than the receiving of such a negative impression from this poison, that it will periodically appear from time to time, for many years afterwards. That the peculiar eruption of poison oak in many cases, does annually reappear, there is no room to doubt. I have lately had occasion to attend a family, in which this fact was strongly illustrated. In this family there is such a natural readiness to receive the poison that some of its members are positive they have become affected by it through the medium of the atmosphere. During the fall, past, one of the sons, a rail road brakeman, was suddenly waked up in the night by an intense itching, extending over a considerable surface of the body. He at once recognized in it the effects of poison ivy, and was soon relieved by acid applications. He was at a great loss, however, to account for the fact, as he was confident, he had not been away from his train, and had not been touched by bushes or vines of any kind. On the day following, while passing out the track upon which he had been working the night previous, keeping a lookout for the cause of his trouble, he discovered, growing down an embankment, and about ten feet away from the track, a large amount of poison ivy. This was all that could be found on the entire route of his employment. And at this particular place he remembered to have been riding on the brakebeam, preparatory to making a coupling. This illustrates, to the extent of a strong probability, that the poison may be conveyed through the atmosphere. Another case in this family gives an example of the periodical evolution. I was called to attend one of the daughters who was suspected of having

scarlet fever. She was covered with a scarletina-like rash, accompanied with a good deal of tonsilitis and high fever. The girl assured me that it was no more than the eruption of poison ivy that she suffered every year about that time, but the sore throat, an unusual accompaniment, had alarmed her mother. She informed me that, different from her brother and sisters, she had always had some fever with her rash, and that her physician had often been puzzled to know what kind of fever it was. Subsequent developments in this case confirmed her diagnosis; and the fever she had, might be called, as Dr. Hughes just now suggests, Poison Ivy Fever.

DR. ROWLAND.—While on the subject of the latency of poisons, I will state, when a boy, I was the subject of poisoning by *Rhus Toxicodendron*, and all the symptoms occurred annually for several years at regular intervals; but I wish more particularly to mention a case of syphilitic caries of the frontal bone in a patient of mine, who stoutly denied that he had ever been the subject of any form of syphilis, but when questioned closely he remembered having had a small sore on the glans penis five or six years before, which got well without any treatment other than attention to cleanliness. He showed no signs of having been the subject of secondary symptoms, or even primary, except the little sore referred to. I treated the case antisyphilitically and he made a good recovery, and I think I was not mistaken in the diagnosis.

DR. DICKINSON.—With regard to syphilis, I call to mind two cases of hereditary syphilis which came under my observation both in girls, one of twelve and the other of thirteen years of age. On being asked, the mothers of these patients confessed that they had reason to suspect their husbands had syphilis about the time of the conception. In one of the cases it occurs to me the gentleman had hemiplegia.

DR. FORD.—To illustrate the latency of syphilis, I might mention the case of a gentleman whom I treated some years ago. He was a man of about sixty years of age, who stood very high in the community in which he lived. He came to me to be treated for an attack of syphilis—he had ulcers in the mouth on soft palate and in the larynx and ecthymatous and bullar eruptions on the skin, with marked cachexia. The manifestations of syphilis were aggravated and entirely unmistakable, and

yet he denied most positively ever having had syphilis. As I said he was an estimable member of society. I used mercurial vapor baths, which did some good; I prescribed iodide of potassium, but he could not take it, and the case being at rather a long distance from me, he got other medical advice, and refused to take iodide of potassium, and getting steadily worse, died after three or four months. This gentleman was married, but was childless; he always denied that he had ever had a chancre or syphilis, and yet he died of syphilis, without a doubt.

DR. HURT.—I don't know whether I comprehend the doctrine of latency of disease or not. I remember when I was a school boy of hearing a great deal said about the latency of caloric. I don't believe teachers attach to the doctrine so much importance now. You know that in cases of scarlatina where there is no eruption we call it latent, and we know very well that these cases are the most dangerous of all. Now, what we must understand in pathology by the term latent, is simply that the progress of the disease is not visible. It does not make its impression on our senses, that is all. The idea of the syphilitic virus being encapsulated for years, is a little contrary to my notion of the manner in which the processes, both pathological and physiological, are conducted. You will notice very frequently also a case of syphilis, where activity of the disease does not manifest itself to the senses and to our sight particularly. These very cases are those which are most apt to prove fatal by developing some disease, slow but certain, of the central organs, either of the nervous system or viscera of the body.

DR. DUDLEY.—I arise to ask an explanation which may be interesting to some of us. In a recent paper, read before this Society the doctrine of the change of the body, physiologically every period of a few years, was strongly advocated. Now, how does this poison remain latent when the system itself changes every four, five or six years. Now these two seemingly incompatible positions are probably understood by physiologists and pathologists, therefore I would call on Dr. Ford as a physiologist, to inform the society on this interesting subject.

DR. FORD.—I shall say but few words on this subject, endeavoring to state what is perhaps a tolerable explanation of the difficult matter. Morbific impressions should be regarded as modes of nutrition. Draper compares life to the flame of a

lamp; the form is constant but the molecules and atoms are renewed from instant to instant. Although the body is constantly changing, its bulk and weight being controlled by the laws of ingestion, on one hand, and by those of secretion and excretion on the other, while, I may repeat, the body is perpetually constructed anew upon the transient basis of these passing molecules; nevertheless, its vital properties remain the same. Although the atoms of the brain change from day to day or its entire substance, be renewed in a period of years, the peculiar powers of its nervous matter are faithfully preserved, even to the most delicate shades of memory. We may similarly presume that an abiding morbid impression, is a mode of cell life, a mode of being of the cells of the part which the poisonous substance has impressed in its peculiar way. Should this local peculiarity of cell life be impressed upon other cells, near by, in distant parts, or everywhere, we say that the local morbid state has become a general one.

Muscular Pseudo-Hypertrophy.

DR. STEVENS said,—I desire to report and place upon record a case of the disease known as Muscular Pseudo-Hypertrophy; thus designated by Rosenthal, and described by Hammond under the head of pseudo-hypertrophic spinal paralysis. Charles W. Seymour, from the Western part of this state came to the city for the purpose of consulting Dr. Hodgen and myself in regard to his physical condition. The prominent features of the case are, an apparent, or abnormal increase in the size of all the muscles of the left arm and shoulder. I present for your inspection two photographs, one showing the right side of the body, normal; the other by comparison, showing the very marked hypertrophy. The muscles of the scapula, the whole of the deltoid, the upper half of the pectoralis major, the triceps and the biceps, are all, at least one-third larger than upon the other side. Muscular power is diminished, but not lost; there is an increased or morbid sensitiveness apparently existing more in the muscles than otherwise, rendering any pressure uncomfortable; he can not bear the weight of the sleeve of an overcoat. The patient is 46 years of age, of large frame, and very robust, otherwise than as affected by the disease named, is remarkably well developed. I knew him in his childhood and am well acquainted with his parents; they are now living, and

are very aged, and well preserved. The patient states that no disease of this nature has occurred in the family. Within the last year, Mr. Seymour overtasked his physical system in attempting, as he says, to do the work of two men, in running a threshing machine, and very soon after, the disease began to manifest itself, and this without any general impairment of health. The disease is one that has but recently attracted the attention of pathologists, and literature on the subject is very limited and somewhat unsatisfactory. In most of the cases presented, the lower limbs are the ones involved. In general, the disease seems to consist in an abnormal deposit of fat, with hyperplasia of the interstitial connective tissue, and an atrophied condition of the muscular fibrillæ. There is considerable difference of opinion as to the seat of the primary lesion. Charcot, believing the muscular system the principle seat, while Müller, Barth and Lockhart Clarke, consider the spinal lesion as the primary location. Treatment in these cases is very unsatisfactory, and as to prognosis, the probability in this case is that the degenerative changes will go on till the muscular tissue is, in effect, destroyed, and then atrophy of the structure and this will be followed by death taking place by the respiratory muscles becoming implicated as is established in the history of cases on record. It will be remembered that Dr. A. J. Steele, of this city reported to the State Medical Association, a typical case of this affection occurring in a boy 11 years of age, and again that Dr. J. P. Kingsley exhibited here, two sisters, aged respectively thirteen and ten years.

I called with our patient at the office of my friend Dr. Hughes, and as he is present, I trust he will favor us with remarks upon this interesting case. There is very little paralysis.

DR. HUGHES.—The hour is late so that I can do no more than repeat the record of this case. I didn't know I had this memorandum with me. I made this memorandum. I examined this case with Dr. Stevens and found a muscular hypertrophy of the biceps, deltoid and the upper third of the pectoralis major on the left side and of the flexors of the forearm on the same side. The measurements are very important. The largest circumference around the left biceps was $14\frac{5}{8}$ inches and upon the right side the biceps was $13\frac{1}{2}$ inches. A line drawn from the sixth dorsal vertebra four inches below the acromion up over

the pectoralis major to the interclavicular space on the right side was $23\frac{1}{2}$ inches, and a similar line on the left side was $24\frac{1}{4}$. This will give the relative measurement. The strength of this patient, as is usually the case was much decreased.

The left side is decidedly weak. Those photographs of course will hardly give a correct representation, but they are the best that could be taken, because of the hurry the man was in. The back view also shows an enlargement, but we could only get two views—two positions. I might also state that these cases are quite rare, only 129 or 130 cases being on record.

DR. STEVENS.—These cases are said to be hereditary. Rosenthal and Hammond make the statement that they are almost invariably hereditary and have some connection with some morbid condition of the ancestors. I have known the father and mother of this man, and also his grandfather on both sides. The father and mother are healthy and robust people. The family is remarkably strong and well developed. I enquired particularly if any such morbid condition existed in the family on either side, but he knows of none.

SATURDAY FEB. 12th, 1881.

Physiological Action of Yerba Santa.

DR. BRIGGS.—Mr. Chairman, I have a few notes of a case involving the physiological action of Yerba Santa. It is not a very clear and definite case; still there are some important facts connected with it, and as Yerba Santa is a somewhat new remedy we may as well make note of them. A patient whom I have seen from time to time in the last few years—a stout woman about fifty years of age, sanguine, plethoric—happening to be suffering from some cough went to an apothecary store, and speaking to the clerk, he very kindly gave her a bottle containing the extract of Yerba Santa. The prescription was:

R	Ext. of Yerba Santa	℥ iv
	Syr. Tolu.....	℥ iss
	Liquid Potass.....	gtt. xv

She took only a few tastes out of the bottle, when she re-

ceived it. But on the night of the twentieth of January, on going to bed, her cough worried her very much, and as the bottle was nearly full, she thought to make sure she had better take a good deal of it, so she took at one draught all the bottle contained.

DR. POLLAK.—Did she take it all?

DR. BRIGGS.—Yes, sir. There were two or three drachms of extract of Yerba Santa in the bottle, and she took it all. This was to relieve the cough it must be remembered. At half past five o'clock in the morning, a woman who was sleeping in the same room with her, got up; and this person observed her turning over and concluded that she was awake and going to get up at once.

The room-mate arose, dressed herself and went out. At seven o'clock she returned and found the patient lying all in a heap near the wall of the room, in a very constrained posture, her head bent down with a sharp twist of the neck.

There was a flood of urine on the carpet, and also in the bed. She was in a house where they are accustomed to the care of the sick, and the alarm being given, she was found to be without breath or pulse. They raised her, opened her mouth, forced some brandy down her throat, and put her feet in hot mustard water. This treatment was followed, almost immediately by a return of the pulse. If she had not been discovered, she would have died very quickly indeed. In thirty minutes she had recovered sufficiently to answer "yes" or "no." I saw her about eight o'clock in the morning, and at that time, you will observe, brandy had been administered to her and the mustard application made, and she had been put back to bed and was warm. I found her face red. There was no convulsive action. Her mouth was firmly set; but it was not twisted to one side. When I spoke to her she answered me almost at once, she knowing my voice. She had a full pulse then; it was eighty; there had been no vomiting. Judging from this strong pulse, red face and relapses into stupidity, that there was some congestion of the brain, I gave at intervals two bread pills containing a drop of croton oil each, and also a mustard enema. They told me she would partially recover consciousness and speak to them, and then she would relapse into unconsciousness with the firm setting of the mouth. In falling she

had injured her eye and bruised her shoulder which kept her confined for a little while, but she recovered very kindly indeed. She could talk connectedly by 10 or 11 A. M. She remembered that she had taken the medicine, and that she had a desire to urinate. After that came a blank, until she revived after the brandy, and was conscious of her friends about her. It is probable that the taking of the drug was followed by sleep and stupor. The desire to urinate was so strong that it partially roused her. She did not remember getting up, and probably did so almost automatically, beginning to discharge urine before she left the bed. The bladder seems to have been very full, perhaps owing to the drug.

She got out of bed, and had fallen in consequence of the loss of nervous power occasioned by the action of the drug; then the constrained position in which she fell, combined with the action of the cold—for the weather was very cold—stopped the functions of the heart and lungs, and would have caused her death if it had not been for the timely aid she received. The redness of the face may have been from the drug, or may have been from the brandy only. The record then is, that she took three drachms of extract of Yerba Senta and recovered.

DR. FORD.—This prescription was used as an anti-spasmodic was it not, to relieve cough?

DR. BRIGGS.—The idea was that it would reduce the irritation of the mucous membrane. I think that was the theory the clerk acted on in giving the prescription.

Report of a Case of Diphtheria.

DR. WESSELER.—If no one else has anything to say I will just say that two weeks ago I was called on to prescribe for two girls in a family of four for sore throat. They were the second and fourth. The second one didn't seem to be very sick; she was able to be about the room the second day. The next one seemed to be more ailing, and I became a little uneasy about her as I thought it was going to be a case of diphtheria which we all dread. There had been some cases in the neighborhood (Sidney St.), there were three, four or five cases of it in one family some time ago, and they were acquaintances of this family also.

These two members of the family got well without any

trouble. A week after I was called to prescribe for the other two, the oldest seemed to have nothing but simple tonsillitis, the third one looked to me as if she was going to have an abscess. The swelling increased, and there was this ashy-gray appearance of the tonsil, and on the fourth day she died. The other one recovered. I recognized the danger of the third one, and gave tonics and stimulants, and tried in every way to ward off the danger, but she died.

I believe this has been the experience of all those who have treated diphtheria. We sometimes think we know what it is, that we know how to treat it, and yet, though we use all the remedies that we can possibly think of, we sometimes fail. This was one of those cases. In this case three girls in one family, all being sick about the same time, recovered without my being certain that it was diphtheria, in fact it seemed nothing more than simple tonsillitis; and the third one dying from, we may say, malignant sore throat, diphtheria.

Hypothetical cases—their inadequacy.

DR. STEVENS.—Mr. President, if there is nothing of greater importance for consideration, I would like to present some facts and ideas connected with a case which has recently occupied the attention of our Criminal Court, and upon which the public mind has been unusually excited. I refer to the case of Micheal Kotovsky charged with the murder of Augusta Simon. The only ground of defense was the plea of insanity. This was the third trial and the verdict was murder in the first degree. Drs. Bauduy, Hughes and myself are represented in the daily papers as having testified to the insanity of the defendant; when in reality we have not testified to anything of the kind. We have testified in the most positive language to the insanity of a *straw man*—an hypothetical individual, set up by astute lawyers. Thus time and again we, who happen to have some reputation as relating to insanity are made game of, and whatever valuable knowledge, or skill, or expertness we display, is just as likely to be used to subvert the ends and aims of justice, as to subserve such purposes. The majority of the people, and even our profession do not comprehend our difficulties, and so we are placed in a false position. This practice of introducing hypothetical cases may be in accordance with law, and in very

many cases may enable the lawyer to "make the wrong appear the better cause." I am fully convinced, after long observation of the practical working of this plan of investigation, that it is fraught with incalculable evil. It is this error in jurisprudence which has, more than any other one thing, led to the creation of popular sentiment, I may almost say, condemning the plea of insanity in cases where that condition is unquestionable. I am free to say that I believe, that right here in this city, more than one really insane man has been executed. I am far from saying that the plea of insanity is urged too often; at the same time, it is demonstrable that it has often been used to clear the worst criminals. I am often of the opinion that, even in a greater number of cases, it has not been urged where it should have been.

Now in the particular case above mentioned I want just to say, that in reflecting upon all the points presented in the hypothetical statement, I cannot see how any expert could come to any different conclusion from ours. I will state from memory the prominent points. The great grand-father, was insane—an inmate of an asylum—died insane; the grand-father simple minded; the mother epileptic, an uncle so eccentric as to be called by his acquaintances insane; an aunt imbecile in mind and known as simple Josephine; a brother having congenital blindness in one eye, and so imbecile that he could not be taught to read or write; the individual himself, within a few days prior to the homicide, sleepless, negligent in regard to his occupation, that of bar-keeper—being discharged for negligence—saying to his friends that he feared he was going insane. While in this state of mind had frequently met a girl who came to the bar for beer for the family with whom she lived. He had never visited this girl, was not engaged to, or accepted by her as a lover, was not rejected by her. He lies in wait for her and as she passes along, says, "is that you Augusta?" And immediately fires upon her. He makes no effort to escape, he goes at once to a policeman and says, "I have just shot a woman, have you heard of it?" Many points which I cannot now call up would strengthen the case. If we had no family history we would certainly, in such an extraordinary homicide suspect insanity, but with such an hereditary taint and looking over all the conditions and circumstances, I am conscientiously of the opinion that we were justified in our

conclusions. As to whether Mr. Kotovsky is, or is not insane, is a question which has not been submitted to our judgement or decision. Our views and our objections in relation to the policy of the introduction of hypothetical cases are well known to court, and in my view it is high time that a wiser system should be established. A commission, *de lunatico inquirendo*, properly constituted, would do much towards subserving and protecting the rights and the welfare of the community and of all concerned.

Medical Testimony in Murder cases.

DR. DUDLEY.—I have very great respect for my friend Dr. Stevens, but I must beg leave to differ with him on some points with reference to these cases, not particularly in reference to the question of insanity, but the mode of proving these cases in the courts. I agree with the doctor in the remarks he made on the position in which medical gentlemen are frequently placed before the public with regard to these cases. They testify as he says to an hypothetical case, and not the case, in all human probability, that is before the court for trial; and my own opinion—my own observation, made time and again, is that they don't testify to the condition of the person who is under trial. But that the question of insanity is proposed too often in these cases, I differ very greatly with the doctor. Whenever a murder has been committed and where there is no other possible means of defending the criminal, the plea of insanity is set up by the lawyers in his defense; and we don't blame the lawyers for doing these things because they are hired to defend their clients, it is their duty, so they set up this false plea and mystify things as much as possible. The trouble exists on account of the state of the law with reference to these cases. There is where the difficulty comes in; and it is the duty of Dr. Stevens and other medical gentlemen, particularly those who are likely to be called in those cases, to have the law changed with reference to the trial of cases where the plea of insanity is set up as a defense. There should be a commission, whose salary does not depend upon the defense or upon any other individual, but upon the government of the State, whose duty it should be, whenever a criminal is incarcerated in the prison and the attorney in the case determines to set up the plea of insanity, he should notify the court and this commission should immediately

examine the prisoner carefully and inspect from time to time, his condition so as to prepare themselves to testify with regard to the case. It does seem to me that instead of there being a hypothetical case, it is in many cases nothing but a humbug case. All kinds of acts, from the cradle until the time of the commission of the crime, of every character and kind of no consequence whatever, are magnified and brought into view where no good common sense men would undertake to make it evidence of the fact of insanity. It seems to me it is the duty, not only of medical experts, but of the profession at large to endeavor to have the law changed in reference to these matters. I think that numbers of criminals enter the plea of insanity, or their attorneys enter it for them, who are not insane and who go unpunished so that justice is not meted out. It does seem to me that these persons many of them, who have means, property and who are least likely to be insane are among the number who go unpunished and justice fails of its object.

DR. POLLAK.—I would like to ask Dr. Stevens whether he has ever been permitted to speak to this man?

DR. STEVENS.—Yes sir, while visiting other prisoners in the jail I requested the keeper to let me see Mr. Kotovsky and I had a conversation with him for some time. I could see no evidence of insanity in his conversation. I asked him whether he considered himself insane. I think it is best to come right to the main question, it is the best way to find out the truth. If a man is then simulating insanity he is then likely to show the fact of simulation. Only once have I had any lengthy conversation with him.

DR. POLLAK.—I wanted to know whether you spoke to him by direction of the courts?

DR. STEVENS.—No sir, I had nothing but a personal conversation with him and I will state in regard to what Dr. Dudley says that perhaps the only case that has occurred here in which the idea of an examination by a commission was carried out was in the case of Cronenbold; he was never brought into court at all. His case was submitted by Judge Primm to a commission of inquiry consisting of Drs. Bandy, Hughes, Engleman, Hazard and myself. We took time and examined him

carefully and came to the conclusion that he was insane. We reported the conclusion to the court and he was confined in a lunatic asylum. Still we had the usual censure of the press—condemnation and criticism and all that.

DR. POLLAK.—The case of Swartz was another which was disposed of somewhat in the manner suggested by Dr. Dudley. He was never tried. Dr. Dudley being coroner at the time, examined the case and sent it directly before the Probate court, without preferring any criminal charge. I testified before the Probate court in the case. He was sent to an asylum. He has never been tried. Dr. Bauduy and myself examined him and reported our opinions.

DR. PORTER.—In reference to this case, I would say that some months ago, I don't remember how long, I was sent for by some one having authority to examine this prisoner Kotovsky, not with reference to his sanity or insanity, but with reference to some supposition that he had some disease or trouble of the heart which would prevent him from acting like a sane man might. Possibly with reference to the idea which was suggested afterwards this this improper, insufficient heart's action might have something to do with the working of the brain, and in that case affect his mind. I examined him and conversed with him some time. I reported and have not been called upon to testify.

DR. STEVENS.—There is a very interesting point involved in the enquiry of Dr. Pollak. He asked if I had been permitted to examine Mr. Kotovsky. There is no restraint imposed by the court to such examination. I could examine him every day if I pleased, but it would amount to nothing at all as I would not be permitted to state any opinion I might entertain. I believe I would not, because in the case of Baber, you know something of that case, I did examine Baber several times; Dr. Bauduy, Dr. Hughes and myself, and others examined Mr. Baber, still we were not permitted, on the stand, to give any opinion. I did try to testify to his condition, but I was checked by the court at once, and told that it was not proper; I must testify to the hypothetical individual.

DR. POLLAK.—Does this law prevail in Europe? Are they required to testify to hypothetical cases there also?

DR. STEVENS.—I don't know how it is in Europe. It is prevalent all over this country. The law governing criminal cases is very much at fault in many respects, and should be revised. In reference to right and wrong. Persons are held responsible if as a rule, the insane can discriminate between right and wrong. A person, almost idiotic, can so discriminate. The law is very defective.

DR. FORD.—I believe there are a great many persons who are insane who are not known to be so, and who sometimes commit murder, and are subjected to the penalty without recognition of their true condition. When people who are temporarily insane commit murder during one of their insane fits, they are often nevertheless subjected to the penalty the law dictates. We frequently hear it said that it is a growing tendency of the legal profession, and the medical profession too, to set up the plea of insanity in murder cases, and we may properly ask ourselves whether we are not quite right about this, for it is the truth. Does any really sane person in command of all his faculties, with a well-balanced mind, commit murder? Is he sane when he does commit murder? Such a thing does often happen; it is within the province of human action, but it is not by any means as frequent as we used to imagine.

The increase of insanity of our day, is no doubt attributable to the increasing excitements of our civilization and consequent wear and tear of the nervous system. Insanity in all its forms is far more common now than twenty or fifty years ago. We must remember also, that murder, homicide, and insanity of a violent form are exceedingly apt to be associated with each other, and that malicious, really malicious, murders are quite unusual. Insanity capable of leading to murder is often unsuspected, often denied by large masses of most intelligent people, and by the most intimate of friends. I will cite in illustration of this, the case which happened some thirty-five years ago, in the person of a distinguished and much beloved clergyman of a Southern city. The gentleman had been reared as a lawyer, and afterward became an Episcopal minister. He was naturally a very excitable and eloquent man. Fifteen or twenty years passed, he was regarded as one of the first men in his city. After a certain time his preaching became unusually fervent,

his countenance would flush in the pulpit, and he would astonish his congregation with his magnificent oratory. At such times I have often witnessed this terrible flushing of the head and face. As yet nobody suspected his sanity, but trouble came before long. I need not here state its nature, but will only remark that in a very short time afterwards, this revered gentleman and most noble-natured man, was arrested at 9 or 10 o'clock in the evening with a double-barreled shot gun loaded with buck-shot, which he intended for a murderous assault upon a person who he imagined had done violence to the feelings of his son! Not his daughter, but his son, who was amply able to take care of himself. The arrest was followed by a commission *de lunatico inquirendo*, one-half his congregation maintaining his sanity, the other half affirming the contrary. After an intricate and lengthy trial in which this gentleman conducted his own defence and nearly outwitted the best lawyers, he was adjudged insane. We see that murder was almost his first thought, and he narrowly escaped committing it. After the conviction he was confined in an asylum in Philadelphia, becoming more and more insane, and died in the course of two or three years.

This gentleman's mother had died insane; insanity was evidently in the blood, and the son lately alluded to also died of acute mania about eight years after his father's death. I have no doubt that there are many more just such cases, and our caution with regard to extreme penalties of the law for homicide cannot be too great. The case I have quoted from my own experience, has convinced me that a man may be as mad as a march-hare, and yet prevent anybody from finding it out; that many a man is mad enough to commit a homicide, and at the same time abundantly able to conceal his madness from his most intimate friends. Indeed this becomes sometimes his chief study or even a kind of amusement.

DR. HURT.—I believe it is possible for an individual to be morally insane and at the same time to be entirely sane and lucid on questions of science and the laws of physical matter. But there is a difference I think between moral insanity and depravity, and yet it would be perhaps, almost impossible to draw a line of distinction. A man may be so depraved that he has no scruples in committing murder and yet he may be as sane as any man living. When a man is morally insane, it

seems to me we ought to presume that he has been the subject of moral culture and that he has been under moral, influence and training that he has previously sustained a moral character. I believe that one of the great causes of the frequent murders and homicides in the country, and especially in large cities at the present time, which seems to be on the increase, is due, in a very great measure, to the relaxation in the part of education which refers to the moral status of the individual and of the community. I don't know that I could shed any light on the question or questions of the case referred to by Dr. Stevens. It does seem to me that the law should allow the expert to testify in regard to the prisoner at the bar, and unless the hypothetical case is known to the court, and that would perhaps be assuming that the court was a competent judge of the sanity or insanity of the prisoner, if the hypothetical case could be known to the court to be an exact portraiture of the prisoner, then no injustice could be wrought either to the prisoner or to the plaintiff. But it does seem to me that as the law now proceeds there are too many conditions to allow of the legal proceedings to be exact and without the possibility of error.

DR. WILLIAMS.—I agree with Dr. Stevens in saying that the plea of insanity is not brought forward too often in these cases and in many cases it is not improperly brought. Now anybody that is crazy is not responsible for his acts, and it is well known that three-fourths of the murders that are committed in this country or any other country, are the results of whisky craziness. People make themselves crazy who drink whisky. They are even more crazy than idiotic persons. A good mind perfectly crazed by whisky is certainly more dangerous than an idiotic person, as a person who has no mind has less method about his craziness. It is well known that persons who are absolutely crazed from whisky, are just as crazy and should be in the eye of the law as persons who are congenitally crazy because we well know that a person can get so crazy on whisky that he absolutely doesn't know what he is doing; at least for the time being and in my judgment if a person should get murdered under such circumstances, the court would be justified in liberating the perpetrator simply on the grounds of craziness. I hold that if a person is absolutely crazy from whisky, he is just as much entitled to be free from punishment as a person who

is naturally crazy ; because a person who doesn't know what he is doing, when he commits an act is morally not responsible for that act. If I was on a jury which was trying a man who had committed murder while he was under the influence of whisky so that he was crazy I certainly would liberate the man.

DR. HURT.—I would like to ask Dr. Williams what he would do with a man for getting drunk?

DR. WILLIAMS.—Hang him. Hang him for getting drunk, but not for killing anybody. I mean exactly what I say about a man being crazy from whisky not being responsible for his acts. We see people every day of our lives who are so crazy from whisky as not to know what they are doing. The public licenses the business that makes people crazy and if while thus crazed they commit a murder, the public should pass it by ; it is the natural effect of the fluids of the poison, and the people should suffer meekly, without resistance and without trying to punish him simply because he is crazy.

DR. WESSELER.—I believe nearly all our suicides are of that description. The last case that occurred in our end of town was of a man who I am satisfied was led to the deed by whisky. For the last few days he thought the detectives were after him on account of not having paid his vehicle license. He made a remark that a neighbor up at the corner said he drank too much whisky and he was going to show them he could drink water. He jumped into the well that same night.

DR. NELSON.—Judging from Dr. Williams remarks, I am of the opinion that the community are to be congratulated that physicians are exempt from jury service.

DR. WILLIAMS.—I meant just what I said.

Clinical Reports from Private Practice.

RESECTION OF THE HIP-JOINT.* By T. F. PREWITT, M. D. of St. Louis.

I have several specimens illustrating the subject of hip-joint disease, showing some of the varied conditions which occur in the progress of these cases, and also illustrating the conditions demanding resection. The first specimen consists of the head of the femur with the trochanter major and was removed to-day, from a little girl, Margaret Kelly, about ten years old. She first came under my care about twelve months ago, with well marked symptoms of hip-joint disease. She was placed in bed, and extension made with weight and pulley. When the more acute symptoms had somewhat subsided, she was allowed to get up. A high soled shoe put upon the sound foot, and crutches were given her to walk with.

This is the plan recommended by Dr. Hutchinson, of Brooklyn; the weight of the leg serving for extension. I have been using, lately, a long Taylor's or Sayre's splint in addition to the high-soled shoe as a further protection, and I am satisfied it is useful. In this particular case I trusted to the crutches with a high-soled shoe. The girl received a fall, which aggravated the condition very much, and resulted in suppuration and an irritative fever from which she has not been free for three months. She became very emaciated. Abscess formed, and I put in a drainage tube without any more than temporary relief, until it became evident that would not be sufficient. To-day I resected the head of the femur, and I found that the trouble was in the acetabulum. The head of the bone had lost its articular character, and had become covered all over with tissue, which seemed to be adherent to the acetabulum. In fact, so far as the head of the bone was concerned, there might have been a recovery, but the under surface of the neck was denuded, and there was a considerable perforation of the acetabulum.

You can see the dead surface upon one side of the pieces where they were chiseled from the margin of the acetabu-

* Reported to the St. Louis Medical Society.

lum, the cancellous portions of the femur; the medullary portion, is exceedingly vascular. You can see that the outer portion of the bone is simply a thin shell, that the inner portion of the bone is vascular and spongy. Just such a case fell under my care two years ago, and the same appearance was presented. In that case, a boy, Eddie H—, aged about seven; the fever subsided after the resection, and he got on very well for some time, but the fever came on again, and it was evident that more mischief was going on. I cut down to the part and, reached the upper end of the femur. I found that the bone was hollow. I could stick my fingers down in it. It was evidently suppurating, and I commenced gouging out portions of it, and found that slimy, mucilaginous substance that we so frequently meet with in abscess of bone. I continued gouging this down until it seemed to me that I had gone almost the entire length of the femur. I was very doubtful about the result after cleaning out the bone, leaving simply the outer shell. I pushed a drainage tube down in the bone. The result was most satisfactory. The fever subsided; and the boy recovered and is now pretty well. The appearances presented in the case were just what we have in this. The cancellous medullary portion of the bone was peculiar looking, almost purulent.

As I said in the case upon which I operated to-day, there was perforation of the acetabulum. *

Here is another specimen from a case which I met with some two years ago, there were large abscesses about the hip and thigh. The boy had had hectic fever and was greatly reduced as is usual in these cases of protracted hip-joint disease. I opened the abscesses and introduced drainage tubes thus hoping to get him in better condition, but he died before I thought his condition would justify an operation. I secured the specimen, and you may see the perforation of the acetabulum, and that the head of the bone has been almost entirely destroyed by erosion. Here is a specimen of the case, Eddie H—to which I referred awhile since in which you see there are abscesses formed in the head of the bone above the point of resection. And here is another specimen from a little boy about four years of age in which the whole

* This patient is now, April 8th., going about on crutches and slowly improving.

head of the bone is eroded, rough, denuded of cartilage, and so on. That little fellow was very much reduced. There was a long continued suppuration afterwards, but he is now running about, and when I saw him last he was quite well.

I have also another specimen from a boy aged twelve, who eighteen months ago was taken with evidences of bone trouble not limited to the femur. It did not seem to be a case of ordinary hip-joint disease, but the humerus, as well as the femur, and also one of the phalanges of the left hand were involved, and I believe a piece of bone came out of the nose. It was a constitutional condition involving a number of bones; a case of multiple necrosis, in fact. What was the origin of it I do not know. The boy had been perfectly healthy up to the time this trouble set in. He did not receive any injury, but it was thought that he had taken a severe cold in some way. It was an endostitis rather than a periostitis. I removed a number of pieces of bone from the shaft of the humerus, from the central part of the bone. The elbow had become swollen, tender and inflamed, and I suspected it had already perforated the joint, one of the openings being just above the condyle. On cutting down near the joint I discovered a piece of dead bone which I pulled out. Immediately the trouble about the joint seemed to subside, and there was no further trouble about the elbow. As I said there was also trouble about the upper part of the femur, just where I could not tell.

I could pass a probe in front of the femur, and I could feel the denuded bone. There was a sinus posteriorly where I could also feel the denuded bone, and on enlarging that somewhat I could feel that the bone below the trochanter major in the neighborhood between that and the trochanter minor was denuded; I was unable to tell whether it involved the head of the bone or not; I hesitated about extending the incision so as to involve the joint, because it was not a case of hip joint disease in the ordinary sense of the word. I thought possibly it was limited to the bone below the head, and did not anticipate making a resection. I put in drainage tubes because there was quite a large abscess cavity posteriorly to the trochanter major. This was of great service to him, for his general symptoms improved very much, and he increased in flesh. Some weeks ago I determined to enlarge one of the sinuses and find where the dead bone was. I could feel at the margin of the acetabulum that

there was quite an amount of new bone deposited, a sort of new bone which is one of the best evidences that there is a sequestrum beneath, I found that it was with the greatest difficulty I could pass my finger between the sheath of new bone and the trochanter. I could detect a piece of loose bone. This slipped and slid around in the direction of the sinus which opened in front. I had great difficulty in seizing it, but finally succeeded in getting hold of it and pulled it out. It is a portion of the head of the bone showing the depressions where the ligamentum teres is attached. The boy is improving and can rest a little weight on that foot. Yet lately he has considerable difficulty with the phalanges of the finger of the left hand. Why there should be this general involvement of the bones I do not know nor can I determine whether it is syphilitic. His father lived in the country, and I do not know whether he ever had any trouble of that kind or not; but the boy was a perfectly healthy boy until these bone troubles set in a little over a year ago, so that the presumption would be against syphilis. But besides that syphilitic manifestation usually involves the periosteum more than the endosteum of bones. Then it is often the case that there is a necrosis of bone when there are no syphilitic symptoms whatever, sometimes the result of injury and sometimes without any ostensible cause whatever. Now in this case, except the fact that he had taken a severe cold before these troubles set in there was nothing that I see to produce this condition. These specimens illustrate the different results that we meet with in these cases, perforation of the acetabulum, detachment of the sequestrum in the cavity of the acetabulum and abscess in the head of the bone, as in this case. In the case I resected to-day, I repeat so far as the head of the bone is concerned, a cure might have resulted, it has undergone transformation, it has lost its character as an articular surface and was attached in a considerable portion of its extent to the acetabulum; but the under surface of the neck is bare and denuded, and the acetabulum perforated. After the child was under the influence of chloroform, I could feel the grating very distinctly. I attempted to reach this, before operating, with the flexible probe, but I could not make the probe go in the direction of the cavity. The present condition was due more to the perforation than to the disease of the head of the bone. Undoubtedly there is a sort of osteo-myelitis in the shaft of the bone. It was of

traumatic origin as is usual in such cases. The little girl fell down stairs some eighteen months or two years ago. The patient from whom this specimen was taken, also received a fall and I think the little fellow from whom this was taken had received injury too.

Traumatism is almost invariably the cause. That the disease is due to tuberculosis is not sustained by facts; all of these children were perfectly healthy until the bone disease set in, and show no evidence of tuberculosis whatever. It is scarcely possible that tuberculosis should be limited to the hip-joint, that there should be such a tubercular diathesis as to have caused hip-joint disease, and yet no tubercle elsewhere. The incision commenced between the anterior inferior spinous process and the upper portion of the trochanter major and carried in a somewhat curved direction downward over the trochanter far enough to enable me to reach the neck of the bone between the trochanter major, and trochanter minor where it was sawed off by means of a chain saw.

I placed the patient on the side with the diseased side up, more or less flexed, but that is a matter of convenience. The incision is a curved one which makes something of a flap anteriorly. Another point in regard to it, Dr. Sayre lays great stress upon the importance of preserving the periosteum intact, with the idea that from the periosteal envelope, which is left, new bone will be thrown out and a new head of bone developed and even a complete reproduction of bone will take place and a sort of false joint formed.

He directs that the periostium shall be very carefully removed up to the fossa where the muscles are to be cut loose, on account of their firm attachments to the bone. It is a very easy matter to pull up the periosteum below the trochanter, but after you can reach the trochanter, the process of pulling it up, can be no longer performed. You can only get that portion of it loose by dissecting it. In the case of a child where the trochanter major is not thoroughly ossified, it cannot be pulled up to the fossa. You cannot get beyond the margin of the epiphysis, you have to dissect it.

I never measured the shortness in the different cases.

In the boy, I intended to do so and have tried to see him lately with the view of finding out just what his condition is.

In regard to the appearance of the bone, so far as the shell

was concerned it was not dead. In that case, before I ascertained where the pus came from, I cut clear through down to the acetabulum and I found that in the bottom of it there was a carious surface, and I gouged that out and scraped it thoroughly. When I reached the upper end of the bone, the external portion was not dead but the end of the bone was, and I could stick my finger into it. Pus was coming out of it and I commenced gouging it out, and made an extensive scraping of the bone cavity cutting out a considerable quantity, as I said, of that slimy material so well known in bone abscesses as pyogenic membrane.

After the operation I put the legs into a wire cuirass made the netire length of the body with foot pieces to which the feet are attached and the legs placed in a straight position. Extension may be made with a screw.

Periscope.

RARE CASE OF MICROCEPHALUS.—At a recent meeting of the Vienna Medical Society Prof. Meynert introduced a rare case of *microcephalus*—a little girl eight years old. The horizontal circumference of the head was about 355 c. m., that of a new born child. The profile showed a retreating forehead, short retroussé nose, and a meagre development of the under jaw of a bird-like type. The head is pointed at the vertex, corresponding to the small development of the hemispheres. The forehead and back of the head are sparingly developed. The eyes are prominent, and the brow normal. The intelligence is limited in every direction. It speaks nothing but “papa” and “mamma.” It belongs to a family of seven children, four of whom were of the same type.—[*Obstetric Gazette*.

WICKERSHEIMER'S FLUID.—We have been requested several times to give the formula for this preserving fluid, and do so, although it has been pretty generally published. The original formula was as follows: In 3000 parts of boiling water dissolve 100 of alum, 25 of sodium chloride, 12 of potassium nitrate, 60

of potassa, and 10 of arsenious acid. Let cool and filter. To every 10 litres of the filtrate, add 4 litres of glycerin, and 1 litre of methylie alcohol.

Its application differs with the special objects to be preserved. In general, the objects must be impregnated with it. If the objects are to be preserved dry, they are soaked in the liquid from six to twelve days, and afterwards dried in the air. Ligaments, muscles, and other animal objects remain perfectly soft and movable. Hollow organs, as lungs, intestines, should be filled with the liquid previous to immersion in it. After being taken out, and before drying, it is advisable to inflate then with air. Injecting the liquid into a corpse will preserve the latter completely, and the muscular tissues will always retain the natural color of fresh corpses.

The original formula has been recently altered, so as to facilitate its manufacture, and to make it better applicable for various purposes. Messrs. Poetz and Flohr, of Berlin, prepare two kinds, one intended for injections, the other for macerating and immersing bodies, etc. Their composition is as follows :

	For Injecting.	For Immersing.
Arsenious acid.....	16 grams.	12 grams.
Sodium chloride.....	80 "	60 "
Potassium sulphate.....	200 "	150 "
" nitrate.....	25 "	18 "
" carbonate.....	20 "	15 "
Water.....	10 litres.	10 litres.
Glycerin.....	4 "	4 "
Wood-naphtha.....	$\frac{3}{4}$ "	$\frac{3}{4}$ "

—[*The American Journal of Microscopy.*

PRESERVATION OF DISSECTING MATERIAL.—The *British Medical Journal* gives an interesting sketch of the methods of the preservation of subjects in the London dissecting rooms. At Guy's the subjects are injected by the Howse method, with glycerin and arsenic, but are afterwards put into a carbolic acid solution. At St. Mary's, this injecting material is composed of vermilion, arsenic, plaster-of-Paris, and size. At Middlesex Hospital, arsenic in a solution of carbonate of potassium was used, the subjects being afterwards wrapped in carbolic acid cloths. At University College, carbolic acid in glycerin is the injecting material. In other schools, chloride of zinc, bichloride of mercury, arsenite of sodium, arsenic, creasote and soda, etc., are used in

various combinations. Not one of these schools, however, makes use of a solution of chloral, as first used by Dr. Keen, of Philadelphia. This is an economical and perfectly satisfactory method of preservation. Under its influence, subjects not only remain sweet for weeks, even in warm weather, but the muscular tissue retains its normal flexibility and brightness of color.—[*Ibid.*

SZUMAN ON AMPUTATION OF THE BREAST BY A BLOODLESS METHOD.—In No. 30 of *Centralb. für Chir.*, 1880, Leisrink has mentioned a screw-compressor, which he has used twice in removing the breast, to make the operation quite bloodless. This apparatus consists of a flattened U shaped iron, the vertically standing arms of which are placed in the holes of a straight iron staff. The latter, as soon as the female screws are applied to the vertical arms and screwed, presses the base of the breast against the horizontal bar of the apparatus, making the breast free from blood. Szuman recommends (*ibid.*, No. 40) a process to make the amputation bloodless, which can be used not only with a pendulous breast, but with any other. He operated on a medullary sarcoma of the breast with a broad and flabby base, in the following manner. The base of the breast was pierced close to the thorax three times by means of a long straight needle, which was armed with a double and very strong silk thread; the threads were then fastened in such a manner that the base of the breast was divided into four parts, constricted by ligatures, and thus made free from blood. Above the ligatures, the tumor was removed, the veins tied, and the wound sewn together. Complete union by first intention was obtained.—[*London Medical Record.*

AMYLOID DEGENERATION.—Dr. Elberth has recently given out the opinion that amyloid degeneration is confined to the connective tissue; denying the involvement of gland cells, involuntary muscular fibres, etc. In coming to this conclusion, he seems to have used as the reagent almost exclusively aniline violet. Dr. Kyber (*Virchow's Archiv*, vol. 81, p. 7) considers that Virchow's iodine and sulphuric acid test is alone trustworthy; the aniline test in some cases failing to detect amyloid matter where it is, and occasionally producing different red tints where there is none. In discussing amyloid spleen, he describes three forms—parenchymatous degeneration, sago-spleen or lymph-sheath.

degeneration, and the general or combined form of degeneration, the change consists in gradual transformation of spleen-parenchyma into amyloid substance. The process commencing in the immediate neighborhood of the capillary veins, part of the round cells and the rest of the parenchyma atrophies and disappears; while the greater part of the round cells, the inter-cellular substance, and the reticulum, and a part of the arterial capillaries, undergo amyloid change. In sago-spleen, Dr. Kyler says, the sago-like bodies are formed of patches of amyloid material, which arise in the reticulum and the capillary plexus. If the round cells be affected, it is but slightly. Their number diminishes through atrophy and removal by the lymph vessels associated with diminished formation. In the third or combined form, there is amyloid degeneration simultaneously both in the parenchyma and in the arterial sheaths, with amyloid round cells in the lymph sheaths. In amyloid disease of the liver, Dr. Kyber describes the same three forms, here contradicting Heschl, who also, working with aniline, denies the participation of the liver cells in the disease.—*British Med. Jour.*

NOTES ON TWO CASES OF COMPOUND COMMINUTED FRACTURE OF THE SKULL.—Willie W., aged 15 years, a clerk in a store in this city, on the evening of April 26th, 1879, was playing a game called "duck on the rock," and while in the act of stooping to place his duck on the rock was struck on the head by a stone weighing about eight pounds, thrown by the brother, a distance of some two rods, which caused a compound comminuted fracture of the lower and posterior part of the parietal and upper part of the temporal bones of the right side. I saw the patient about an hour after the accident. Found him unconscious and in convulsions, pupils dilated, pulse 30 per minute. Drs. Kitchey and Davis were called in consultation. The case seemed hopeless, but trephining was decided upon and done at once.

By enlarging the wound in the soft parts, we found a very large amount of bone depressed, and at least two tablespoonfuls of brain tissue exuded. We could not introduce the elevator, and a circular section of bone was thereupon removed, which enabled us to take out the fragments, measuring about 2x3 inches. The membranes were extensively lacerated, and we encountered considerable hemorrhage. Convulsions ceased

at once, but complete return of consciousness did not occur for three or four days. The pulse remained at 50 for about two days, after which it gradually regained its normal frequency. The wound was left open, and carbolized dressings used, and in about three weeks it healed by granulation.

CASE II. Nov. 13, 1879, was called for to see John D.; aged 7 years; residing with his parents at McClintockville. Found that the lad, while trying to catch a horse, was kicked on the head and carried to the house unconscious, in which condition I found him. I discovered a compound comminuted fracture of the frontal bone over the left orbit. Decided to trephine at once, and with the assistance of Dr. Miller, three fragments, in all about 2x2 inches, were removed. As in the former case, a portion of the brain matter was lost at the time of operating. The child became conscious in a half hour and remained so. The pulse did not exceed 60 per minute for a week. On the third day after the accident, a "hernia cerebri," about as large as a walnut was removed from the wound with the knife. There was no special medication used in this case, cleanliness of the wound being the essential feature in its treatment, and with this it closed readily.

The two points of interest in both instances appear to be the extensive laceration of the membranes of the brain, without the production of meningitis, and the loss of brain substance, without corresponding impairment of the intellectual faculties. The cases suggest other topics for consideration, but these two points seemed to be made prominent even by the simple outline here given.—[*Buffalo Med. and Surg. Journ.*

A DEVICE FOR RETAINING DISLOCATIONS OF THE CLAVICLE AT ITS DISTAL END.—Having experienced at various times much annoyance in the effort to retain the clavicle in place when dislocated at its acromial end, and my wife having had, something over a year since, the misfortune to sustain an injury of this kind, the result of falling down-stairs head first, I tried various dressings and appliances to retain the end of the clavicle in place, but with indifferent success until I devised the following method of treatment:

Putting the bone in position, a plaster cast was taken of the parts about four inches long and two and seven-eighths inches wide. (It is necessary to oil the part before applying the

plaster.) I took the cast to Dr. Downs, a dentist, and requested him to make a hard rubber plate from the cast in the same manner as he would make a plate for a set of teeth from a plaster cast of the mouth, making it about three thirty-seconds of an inch thick. I explained to him what I wished it for, and he succeeded very nicely. When it was finished I applied a piece of lint to the under surface of the splint and placed it on the clavicle and found it a perfect fit. I then attached to the outer or upper surface of the splint two strips of strong adhesive plaster, about fifteen inches long (and the width of the two strips nearly covering the splint), which I applied to the posterior part of the chest. I then applied two more strips over those already applied, but extending in the opposite direction and diverging somewhat, and to the lower ends of these strips I fastened two rubber bands, about three inches long and three-fourths of an inch wide (the bands can be obtained at any book-store), and to the lower ends of the bands I fastened pieces of adhesive plaster with broad bases making sufficient traction to hold the bone in place. The last mentioned pieces of plaster were firmly fixed to the anterior part of the chest. A small roller was placed in the depression of the splint above the cavicle, and then another piece of plaster about three inches wide was applied from before backwards over the roller and brought up over the roller and down on the back and closely applied. The forearm was placed diagonally across the chest, and retained with adhesive strips and a few turns of the roller, and the dressing was completed.

The result was all that could be desired; there is perfect freedom of the motion of the arm, and it can be put directly up beside the head as well as its fellow.—[*New York Medical Record*.

PHYSIOLOGICAL ACTION OF THE ACTIVE PRINCIPLE OF *PISCIDIA ERYTHRINA*—JAMAICA DOGWOOD.—Dr. Isaac Ott, describes (*Archives of Medicine*,) some experiments which he has lately performed to ascertain the physiological action of the Jamaica dogwood—a drug which has recently been introduced as a narcotic.

His conclusions are—

1. That piscidia (the active principle) is a narcotic.
2. That it does not paralyze or excite the motor nerves.

3. That it does not act on the extremities of the sensory nerves, but their central connection—the sensory ganglia of the spinal cord.

4. That it produces convulsions, partly by the stimulation of the spinal cord and partly by heightened excitability of the voluntary striated muscles.

5. That it reduces the frequency of the pulse by an action on the heart itself, probably on its muscular structure.

6. That the arterial tension temporarily rises partly by stimulation of the monarchical vaso-motor centre; that it soon falls, due to a partial paralysis of this centre and the heart itself.

7. That it at first contracts and then dilates the pupil.—
[*Med. News and Abstract.*]

INHIBITORY INFLUENCE OF THE NERVOUS SYSTEM UPON NUTRITIVE CHANGES.—Influence of the nervous system upon the changes between the tissues and the blood. M. Brown Sequard recalls the power that the central nervous system possesses, under the influence of certain irritations, of arresting more or less suddenly the activity of nutrition in the different tissues and organs. Almost all parts of the cerebro-spinal centre, as well as the sensitive and sensorial nerves, are capable of producing, like the beak of the *calamus scriptorius*, the arrest of these changes. The inhibitory power of the nutritive changes that the bulb or the cervical cord possesses is so considerable that it suffices to produce the arrest of these changes to drag upon these parts by suddenly flexing the head upon the thorax. Then the venous blood becomes red and the temperature of the animal falls, and as there is at the same time apnœa, it is necessary to conclude that the cause which determines the arrest of the changes between the tissues and the blood is endowed with great power. In an animal in which the dorsal cord has been cut through and which is submitted to irritation of the bulb or to other irritations of the encephalon or cervical cord, capable of producing an arrest between the blood and the tissues, we find the existence of this arrest everywhere, except in the parts that receive their nervous supply from that portion of the cord which is severed from the encephalon. Consequently, it is certain that it is by a nervous influence, proceeding from the encephalon or the cervical cord and acting on the tissues, that

the inhibitions of the nutritive changes in this experiment take place.—[*L'Union Méd.*—[*Canadian Jour. Med. Science.*

A CASE OF STRYCHNIA-POISONING CURED BY BROMIDE OF POTASSIUM AND CHLORAL HYDRATE.—A woman 50 years of age, who after having taken 0.0451 (about $\frac{3}{4}$ grain.) was attacked by the most violent tetanic convulsions, especially repeated opisthotonos, received from Prudeaux (*The Lancet*, Jan. 8 1881,) fifteen grammes of bromide of potassium and four grammes of chloral in one dose, in solution. The intensity of the convulsive attacks became plainly diminished in fifteen minutes and the muscles lost something of their rigidity. The same dose of bromide of potassium was again given and within a half-hour there was almost complete relaxation of the muscles with only very slight twitchings from time to time. During the night the patient took 30 grammes of bromide in divided doses. The following morning there was profound muscular prostration with paralysis of the sphincters returned gradually and only after a number of days. The author believes that the paretic symptoms must be attributed to the large quantity of bromide of potassium—60 grammes!—on the spinal medulla, and not to the prostration after intense excitation produced by the poison.—[*International Jour. Med. and Surg.*

THE CRAYON FEU.—The Paris correspondent of *Science* (New York) writes: In the medical world of France a little instrument newly invented, is attracting considerable attention. It is called the *crayon feu* and is worthy of something more than a passing description. That all the intelligent physicians recommend instant cauterization when a person has been bitten by a mad dog, or indeed a dog of any sort, is a well known fact. It is not, however, generally speaking, an easy matter to find an appropriate piece of iron and a lighted fire all ready for the operation, and consequently it usually happens that some time elapses before the remedy can be applied. Of course we all know that delay in such matters frequently proves fatal, and it was of this undoubtedly that Dr. Moser was thinking when he invented the tiny, portable apparatus which calls the *crayon feu*, and which is so simply constructed that it can be used alike by physicians, travelers, hunters, or indeed any one who has been bitten himself or who is required to treat another person.

This little instrument consists of a pencil made of some peculiar composition which ignites instantly when a match is applied to it and becomes red hot while the patient's wound is being washed. The point of the pencil is then introduced into the wound, and the cauterization is performed in an instant. The patient merely experiences a slight sensation of being burned, as the operation is over before he is able to feel any definite pain. A little wooden or metal cover is placed over the pencil when it is not in use, and at the other end is a small receptacle for the particular kind of wax matches which are required to light it. The *crayon feu* is indeed *multum in parvo* and can be carried in the vest pocket. Medical men, scientific societies, and all public administrations in Paris have given it a warm welcome—no pun is here intended—and their example has been followed by a host of others, while Dr. Moser himself is looked upon as a veritable benefactor to humanity.—[*Oil and Drug News*.

THE CAUSE OF NEPHRITIS AFTER DIPHTHERIA.—The nature and mode of production of diphtheritic nephritis is the subject of a recent communication by M. E. Gaucher to the Société de Biologie, of Paris. It may be expected that the lesion would be due to the same mechanism as that which produces the similar changes which have been found in some other infectious diseases. In the nephritis which sometimes occurs in typhoid fever, for instance, there is a granular infiltration of the epithelial cells and obstruction of the lumen of the tubules of diffused material or globular masses. These alterations have lately been ascribed by Bouchard to the infiltration of the kidney by bacteria. In a case of diphtheria which Dr. Gaucher had an opportunity to examine similar bacteria were found in the blood and kidneys. From these facts he concludes that diphtheritic nephritis is of parasitic origin, and the albuminuria is the result of the passage of the bacteria of the blood through the kidneys. The albuminuria is thus to be regarded as an effort at the elimination of the poison.—[*Medical and Surgical Reporter*.

MENTAL DISTURANCES FOLLOWING THE REMOVAL OF A CERVICO-VAGINAL SARCOMA.—Mr. Harrison related a case in which he had operated for what he had supposed to be a carcinomatous infiltration of the upper and posterior wall of the vagina, and of the vaginal portion of the neck of the uterus, but in which micro-

scopical examination afterward showed that the growth was a round-celled sarcoma. He removed it by means of Simon's scoop, and afterward, in order to get a granulating surface, applied the actual cautery. Although the patient's health had been very much depreciated by the profuse and offensive discharge and repeated hemorrhages, she now began to recover rapidly, no febrile or other unfavorable symptoms developed for a time, and she thought she would soon be able to out of the house; but, unexpectedly, her mind became affected, she grew suspicious of her friends and attendants, thought attempts were being made to poison her, etc., so that eventually he had sent her to the Bloomingdale Asylum. Was the operative procedure responsible for the mental disturbance?—[*New York Medical Journal*.

TREATMENT OF UTERINE CATARRH AND CERVICAL STENOSIS ACCORDING TO SCHULTZE'S METHOD. By F. AHLFELD. *Deutsche Med. Wochenschr.* 1880, Nos. 14 and 15.—Schultze's method consists in intra-uterine injections of a one to one and a half per cent, carbolic acid solution, which after proper dilatation of the cervix, are repeated for a period of ten to fourteen days. Catarrh of the body is by this means readily cured, whilst erosions of the lips of the os skin over without special treatment. In cervical catarrh, unaccompanied by catarrh of the body, the diseased surface is scraped and cauterized with Paquelin's galvano-cautery, then diligently injected.

In the treatment of cervical stenosis, dilatation is also effected with the laminaria, the amount of contraction being first measured by means of Schultze's sounds. On the following day a laminaria is again introduced, after which injections can be made. The dilatation is, as a rule, to a certain extent a permanent one.

Of forty to fifty cases, in five only was the progress towards recovery not perfectly normal, although these also recovered completely.

Ahlfeld recommends urgently to use the sound only in the lateral position and with Sims' speculum.—[*Maryland Medical Journal*.

ALOPECIA FROM NERVOUS SHOCK.—There is a case of Frédet's reported of complete alopecia following fright. The following is a short account of a case, similar in some respects :

G. O. K., Hanover county, Va., aged thirty-five, was driving along the road in his cart one day last summer (25th of August), when the lightning struck a tree very near him. His mule was knocked down, and he himself was rendered insensible. He thinks he was unconscious twenty or thirty minutes. With the exception of a dazed feeling about the head, which lasted for twenty-four hours, his health was apparently perfect, and has remained so up to this time.

Six or eight days after the shock, the hair on the scalp, face, axillæ, genitals, etc., began to come out, and in a few days he was as hairless and smooth-skinned as an onion.

The question naturally arises, was it like Frédet's case, the result of a fright caused by the sudden and loud report so near him? or was it the effect of electricity?—[*Virginia Medical Monthly*.

THE DISTRIBUTION OF THE RED BLOOD-CORPUSCLES.—S. D. Kostjurin has shown, in the *Petersburger Med. Wochenschrift*, that the proportion of blood-corpuscles in the serum varies considerably in different parts of the body, and in the same part under different conditions of the circulation. His observations were made with Malassez's numerator on the blood of healthy and diseased men and also in animals. He found that the red blood-corpuscles are considerably more numerous in the capillaries of the skin of the supra-clavicular region than in the skin of the little toe, and that this difference becomes more marked when the rapidity of the heart's action is increased. In healthy men the extremes observed were 274,000 and 1,037,600 in a cubic millimetre of blood; and in patients, especially those suffering from fever or valvular disease of the heart, the number varied between 621,300 and 1,847,000 in the cubic millimetre. Observations on dogs showed that if the rapidity of the blood-stream be lessened by cold, or by ligature of the supplying artery, the relative number of corpuscles is markedly lessened.—[*Gaillard's Med. Jour.*

DAILY AMOUNT OF EPIDERMIS SHED.—E. Salkowsky (*Virchow's Archiv; Clb. f. Chir.*, 1880, p. 741) says that Moleschott has reckoned the daily loss from the skin of an adult at 14,353 grains (?), of which 2099 (?) is nitrogen, or 4497 grains urea (about one-seventh the entire excretion of urea). Salkowsky

is convinced that these figures are probably about fifty times too high. If they were correct, every evening when the clothes were removed clouds of epidermis would fall. Such a considerable desquamation would be inexplicable, even in connection with the absorption of a similar weight of nitrogen. Against this view, also, experiments on dogs militate.—[*Phil. Medical Times*.

PERIODICAL DESQUAMATION OF THE EPIDERMIS OF THE PALM OF THE HAND AND FINGERS.—E. Bostroem (Erlanger phys. Med. Sitzungsber. 12, Juli, 1880.) describes a case—an anæmic woman, aged 40, suffering from ante flexion of the uterus—in which this process took place about three or four times a year during periods of menstruation. The loosening of the epidermis shortly before the appearance of the menses, was preceded by a stage of turgescence and erythematous reddening of both hands accompanied by an abnormal sensation of itching and tension of the skin, but without œdema. For the eight days, during which the desquamation was going on, the skin was quite dry, presenting no trace of moisture, and slight febrile symptoms were present. The peeled-off skin was entirely replaced by a light-red, tender newly-formed epidermis. Perspiration of the hands was decidedly diminished but no ætiological explanation was discoverable. On microscopic examination the masses peeled off proved to be made up of hardened epidermis cells arranged in flattened layers. This abnormal process has not been repeated for quite a long time.—[*Internat. Journ of Med and Surg*.

A CASE OF SUPERFETATION.—Dr. F. W. Oliver, of Rahway, N. J., writes as follows to the *College and Clinical Record*: The following case I send to you as an interesting one in practice, if not unprecedented in the annals of obstetricians. It happened in the practice of the late Dr. Edmund W. Allen, of Shrewsbury, N. J., who, at his death, was beloved and honored as having been the foremost physician of Monmouth County for over fifty years. I believe there are only two living witnesses, at this writing, of the occurrence: Dr. Paterson of Shrewsbury, and one of the children of the lady confined. The former was present in consultation. The account, as related to me, is as follows: Dr. Allen was called to attend Mrs. C. in her confinement. Everything had gone on smoothly up to the ninth month,

and the doctor did not anticipate any trouble. Imagine his surprise, then, upon delivering a dead *four months'* fœtus, instead of a nine months' child; but he had hardly recovered from his first surprise before number two was announced, and it proved to be a *six months'* child, and lived twenty-four hours. It was now that Dr. Paterson was sent for in consultation. Upon digital examination, they were now astonished by discovering the vertex of number three well under way; and upon delivery, it was found to be a fully developed *nine months'* child. That child is living to-day. Did you ever hear anything to beat it?

VENTILATING A ROOM WITH A PITCHER OF WATER.—Several years ago we commented upon a statement, then going the rounds of the papers, that the impure gases in a close room would be removed by an open pitcher of water. The pseudo-scientific nonsense has lately been revived, and is once more on its newspaper tour. It appears in one of the religious weeklies in the following shape:—

When windows and doors are closed, and several persons are sitting in one room, the air soon becomes close and impure, from the gases that fill an apartment from the breath of those in it. Set a pitcher of water, uncovered, in the room, and in a few hours it will absorb all the noxious gases in the room; the air will become purer, but the water will be filthy and poisonous, and it should be thrown out, and fresh water put in its place. The colder the water the more gas will it absorb. This answers a young lady's question. "Why have you somewhere stated that it is injurious to health to drink the water kept in a bedroom during the night, if the pitcher is left uncovered?" It should be closely shut, or left standing outside, covered from dust, on the window-seat, which is much the best way. Impure air is not so deadly as impure water.

One would suppose that it might occur to the writer of the above, as to any one having a smattering of scientific knowledge, that even if the small quantity of water in the pitcher were capable of absorbing "all the noxious gases in the room" it would be necessary for these gases to *come in contact* with the water; and this is manifestly impossible, unless currents of air from every portion of the room are constantly passing into and out of the pitcher. To assume the existence of such a system of atmospheric circulation as started and kept up by the attrac-

tion of the water for the "noxious gases" is perhaps more palpably absurd than the supposition that a quart or two of water can take up so great a volume of gas. That the water absorbs some impurities from the air, and that for this and other obvious reasons it is not so desirable for drinking as fresh water "goes without saying;" but we warn our friends not to depend upon a pitcher or even a tub of water as a means of ventilating a close sleeping-room.—[*Boston Journal of Chemistry*.

WYETH ON THE ANATOMICAL REASONS FOR DEXTAL PREFERENCE IN MAN.—Dr. Wyeth says: 1. Man is right-handed in preference, as a result of his anatomical development. 2. The arrangement of the embryonic protoplasmic elements is such that the liver, developing on the right side, greatly outgrows its opposing viscus, the spleen, and pushes the heart to the left of its original position in the median line, causing an obliteration of one of the two symmetrical arches of the aorta, and an obliquity of the remaining one. 3. This loss of symmetry involves an arrangement of the great vessels of the neck and upper extremities, by which the artery carrying blood to the right arm is more favorably situated, and receives more blood, than the one to the left arm; while the left carotid and vertebral arteries, supplying the left half of the encephalon, which presides over the right side of the body, are most favorably situated and convey more blood than the two vessels which have the same distribution on the opposite side. 4. This fact accounts for the left half of the brain in excess of the right. 5. It is not the slight excess in weight of the viscera of the abdomen, which is given by some to be the cause of right-handedness, who argue from this that man must lean to the left, *i. e.*, balance himself on the left leg, leaving the right extremities freer for action. It is a matter of cubic inches, of bulk—in fact, of *cardiac displacement*. 6. Education, training by persistent effort, will overcome the natural tendency to dextral preference, and will render the individual more clever with the non-preferred hand, more equally adroit with both sides of his body, more symmetrical in muscular growth, will tend to equalise the two halves of the brain, giving a better cerebral development, and will consequently render him more servicable to society and to himself.—[*The London Medical Record*

CLASSIFICATION OF LUNG DISEASES.—In an address before the British Medical Association, Dr. Octavius Sturges condemned the present accepted classification of lung diseases, and proposed another one. The old arrangement and the one proposed differ as follows :

OLD ARRANGEMENT.

1. Pneumonia: acute, lobar, croupous; or acute sthenic exudative pleuro-pneumonia.
2. Broncho, catarrhal, lobular, pneumonia; secondary pneumonia.
3. Chronic pneumonia.
4. Acute (pneumonic) }
5. Chronic (pneumonic) } phthisis.

NEW ARRANGEMENT.

1. Pneumonia.
 Pleuro-pneumonia.
 Broncho-pneumonia.
2. Secondary pneumonic consolidation.
3. Pulmonary (alveolar) catarrh.
4. Fibroid phthisis (fibrosis).
5. (Secondary) pulmonary consolidation.

Some of the advantages he claims for this are :

1. It would distinguish by a cardinal term, pneumonia, a disease having well-recognized phenomena, and one which it is important to identify and separate in order the better to observe and record the many points of interest in its natural history, as regards especially its varying frequency and mortality, epidemic prevalence, and response to treatment.

2. It would group together, along with pneumonia, and apart from other inflammations, certain allied conditions—pleuro-pneumonia, broncho-pneumonia—wherein the essential features of the primary disease are maintained with such modifications as the names express.

3. It would separate from the aforesaid group, by the use of

the word catarrh, other pulmonary inflammations which have no definite or uniform clinical course, but arise in such various associations that no name can be rightly applied to them save one that merely describes an anatomical condition.—[*Miss. Valley Med. Monthly.*

ON THE INDUCTION OF ABORTION AS A THERAPEUTIC MEASURE.—Dr. Priestly read a paper before the Obstetrical Society of London on the above subject. The author considered that the indications for the induction of abortion as distinct from the premature labor had never been laid down with sufficient precision in this country (*Med. Times and Gazette.*) It was usual to say that each case must be judged on its own merits, and this lack of rules might unfortunately lead to serious abuse. Examples had repeatedly come within his knowledge where abortion had been provoked for reasons which seemed to him quite inadequate. Though the medical man was no doubt acting in entire good faith in these cases, it would have been very difficult to sustain his action in a court of law. For instance, in one case abortion was induced at the fourth or fifth month on account of a bad rupture of the perineum at the last confinement. In a succeeding pregnancy a sound was introduced with a similar object at the end of a month. This, however, had no effect, and she went the full term, and had an easy and natural labor. In a second instance an attempt was made to induce abortion at the second month because the patient had aborted not long before, and it was feared that pregnancy had recurred too speedily, while a much-desired journey would have to be postponed if miscarriage recurred at the same period as before. Fortunately the attempt failed, and the patient went to her full term. It was often necessary to remind wives and mothers that even spontaneous abortion is sometimes more damaging to health than natural parturition, more frequently lays the foundation of disease, and, if repeated abridges the period of youth and comeliness. These risks were necessarily greater if abortion was induced. The reasons which may be adduced as justifying the induction of abortion are the following:

1. Pelvic deformity so great as to preclude the birth of a viable child.
2. Narrowing of the genital canal by tumors, cicatrices, or

cancer, so as to prevent the passage of a viable child. Great care was here necessary to not over-estimate the amount of obstruction. If a series of cases of cæsarian section with fair success should occur the reasons for inducing abortion in such instances would be undermined. In cases of cancer there was fair ground for this operation, since the woman had but a short time to live in any case.

3. In obstinate vomiting of pregnancy, when all other expedients are fruitless, and a fatal result is anticipated if relief can be afforded.

4. In eclampsia abortion should only be induced as a last resort to save life.

5. In irreducible retroversion or retroflexion of the gravid uterus, but only when life is seriously threatened, not merely because the displacement is irreducible.

6. In severe hemorrhage.

7. In certain other diseases where the complication of pregnancy is undoubtedly endangering life.

The responsibility of inducing abortion should never be undertaken without a consultation of two or more medical men, and M. Tarnier had even suggested that a legal declaration should be made to the public prosecutor in every case. He would lay it down that the induction of abortion is only legitimate when the life of the mother is so imperiled by the continuance of pregnancy that emptying the uterus presents itself as the only alternative to save the mother. In insanity, chorea, and the like, the proper treatment was probably to treat the morbid conditions, and leave the pregnancy to take care of itself—[*Louisville Med. News.*]

THE SIAMESE TWINS OUTDONE.—An Italian couple, Tocci by name, are at present exhibiting at Vienna a most remarkable specimen of their progeny, a pair of twins named Jacob and Baptiste. These boys are grown together from the sixth rib downward, have but one abdomen and two feet. The upper part of the body is completely developed in each; their intellectual faculties are of a normal character. Each child thinks, speaks, sleeps, eats and drinks independently of the other. This independence goes so far as to admit of an indisposition of the one-

without in the least affecting the other. They are over three years old, in perfect health and seemingly in excellent spirits.—*[Med. & Surg. Reporter]*

LEMOINE ON CEREBRAL LOCALISATION.—The first part of this paper (*Des Localisations Fonctionnelles Encéphaliques*, Paris, 1880) contains an account of seven experiments on dogs. The method employed was the artificial production of hæmorrhagic foci. Blood from the artery of a living animal was conducted through a canula into the part of the brain whose function was to be tested. We notice little that is new in the observations that were made; the most interesting fact elicited is, that the centre for the conjugate movements of the eyes is in the postero-superior part of the region called the *callote* (tegmentum). The injection of osmic acid into the brain proved a failure, on account of the impossibility of localising its action. In the latter part of the paper, the author discusses the excitability of the cortical gray matter. His experiments show that electrical stimulation of the cortex produces the same effects in new-born cats and dogs (in which the nerve-cells of the cortex are still embryonic) as in adult animals. From this he argues that it is not the nerve-cells of the psycho-motor centre that are stimulated, but merely the conducting fibres that issue from them, and pass to lower ganglia. The nerve elements of the cortex, in both sensory and motor regions are inexcitable.—*[London Medical Record.*

TRACHEOTOMY—CROUP. DEATH FROM MISPLACED TUBE. CHARLES JEWETT.—Female, æt. 5 years. Membranous laryngeal stenosis. Death impending. Tracheotomy, Nov. 10, 1880, 6 p. m., by Dr. Charles Jewett. Double tube inserted. Immediate relief being afforded, the patient fell into a quiet sleep. Five hours after, the nurse—supposed to be competent—on his own responsibility removed the whole apparatus but could not replace it. The patient unable to breathe, rapidly losing her hold on life, the nearest physician was summoned, who replaced it as he supposed, but without relief to the dyspnœa. Attending surgeon, arriving three-quarters of an hour later, found the tube *not in the trachea but burrowing in the tissue* anterior to the trachea. Tube then replaced. Death fifteen hours later from diffused bronchial catarrh.—*[Annals of Anat. and Surg.*

THE FEVERS OF THE MISSISSIPPI VALLEY.—In a clinical contribution to the study of the fevers of the Mississippi Valley, published in the *American Journal of Medical Sciences* for April, 1881, Dr. Richard B. Maury, of Memphis, makes a valuable addition to the literature of malarial disorders. After many years of practice in a malarial district, Dr. Maury speaks from personal observation and experience, and cites many illustrative cases from his note-book. After quoting the clinical definition of bilious remittent fever as given by Wood and by Flint, which differs in no essential particular from the description by Drake in his classical treatise on "Diseases of the Interior Valley of North America," Dr. Maury concludes that the common view of bilious remittent includes two entirely distinct forms of disease, Malarial Remittent and Malarial Continued Fever; the former commencing suddenly and lasting five, or exceptionally, seven days, the latter being preceded by prodromes (malaise, chills, etc.) and continuing its course for twenty-one days, but bearing decided marks of distinction from typhoid. The fevers, then, of the southern part of the Mississippi Valley might be classed as (1) Intermittent, (2) Remittent, (3) Malarial Continued. To these might be added, by rare exception, typhoid fever, and typho-malarial, the latter being regarded, as proposed by Dr. Woodward, as a hybrid true typhoid plus a malarial element, rarely seen in private practice, but quite common in unacclimated soldiers, camping in a malarial region. These types of fever are illustrated by numerous clinical histories and temperature charts which furnish a graphic and convincing means of contrasting the course of the several forms of disease.

THE DEATH SMELL.—Dr. A. B. Isham, professor of Materia Medica and Therapeutics in the Cincinnati College of Medicine and Surgery, calls attention in the *American Journal of the Medical Sciences* for April, 1881, to the peculiar ante-mortem odor encountered in many cases at a variable period before the fatal result; in one case he noticed it thirty-three hours before death. The smell is analogous to musk, but is rather more pungent and less diffusible. He is inclined to attribute the phenomenon to the liberation of ammonia, and of the peculiar volatile oil (fatty acid) which gives the blood its odor; this liberation being caused by the diminishing vitality of the blood.

TO TERMINATE THE CHLOROFORM NARCOSIS.—A peculiar device is mentioned by Schirmer in the February number of the *Centralblatt f. Augenheilkunde*. He claims to have used it in his clinic for many years, and often succeeded in producing inspiratory movements when other means failed. He also employed it to induce rapid recovery, for instance in strabismus operations, in order to test the result. The method consists in irritating the nasal mucous membrane. It has long been known, at least to physiologists, that the fifth nerve retains its sensibility longer than any other part in narcosis, and that reflexes may be induced through this nerve when the other irritations fail. Schirmer uses simply a rolled piece of paper, which he turns in the nose. In dangerous cases he dips the paper into ammonia.—[*Chicago Medical Record*.

SALICIN IN DIPHTHERIA.—C. C. Conway, M. D., Rapidan, Va. writes: As diphtheria is prevailing to such an alarming extent in many localities, I will probably not need to apologize for appearing before the profession in lauding a remedy which I have found—after using in several epidemics most of the remedies which are well authorized—of more service in the local treatment of this disease than any other. The value of salicin as an antipyretic is second only to its topical action on the inflamed fauces. I use from two to five grains, according to the age of the patient, blown into the throat; or when this alarms the child, place the powder on the end of a spoon-handle, and sliding it down to the root of the tongue, dump it off. This is to be repeated every three or four hours so long as there is much fever, and then repeat at longer intervals. With this treatment the inflammation is subdued with astonishing rapidity; the membrane is thrown off, and the throat is left in a comparatively healthy condition in from two days to a week.

Of course constitutional treatment, such as iron, quinine, chlorate of potassa, fumigation with sulphurous acid vapor, etc., are not to be neglected, in conjunction with the local use of salicin.

I have not found the use of salicylic acid of advantages, and besides, I dread its depressing effect in a disease tending to asthenia.—[*Va. Med. Monthly*.—*Quar. Epit.*

PILOCARPIN IN DIPHTHERIA.—Dr. George Guttmann, of Cronstadt, says: Knowledge of the physiological action of pilocarpin and its effect upon bronchial catarrh, giving rise to moist râles, led me to believe that, administered in diphtheria, it might lessen the diphtheritic membrane through the induced abundant salivary secretion, while it would not excite any inflammatory condition. The result of the proposed treatment was above all expectation brilliant and striking. In six cases pilocarpin was administered with cure of the patients in two to four days. In addition, the usual general treatment was followed: quinine, tannin locally, gargles of lime-water, and pepsin. The patients recovered in from two to four days.

Led by these results, I prescribed pilocarpin in violent pharyngeal cases, angina aphthosa and tonsillaris, always with most happy results, the disease yielding in a short time. In two cases of violent tonsillitis, in which the tonsils were so swollen that water could be taken only with great difficulty, and scarification was positively indicated, not only did the swelling disappear, but the entire group of inflammatory symptoms, the one in twenty-four hours and the other in thirty-six.

In the few cases of membranous croup that have fallen into my hands during the past fifteen months, pilocarpin has proved a faithful ally, and I believe it will prove as effective as in diphtheria of the fauces.

Two cases of laryngitis stridula yielded promptly to the same drug, which is safer and more convenient than the usually prescribed emetic,

The formulæ employed by Dr. Guttmann are as follows: R Pilocarpin. muriat., gr. $\frac{1}{2}$ to $\frac{3}{4}$; Pepsin., gr. x ad xii; Acidi hydrochlor., gtt. ii; Aquæ dest., $\mathfrak{z}$ iii. M. Sig.—A teaspoonful hourly for children. For adults: Pilocarpin. muriat., gr. $\frac{1}{2}$ to $\frac{3}{4}$; Pepsin., gr. xxx; Acidi hydrochlor., gtt. iii; Aquæ dest., $\mathfrak{z}$ viii. S—Hourly, a teaspoonful.

He has never observed any undesirable effects of the drug even when it has been continued until complete recovery, possibly because a small amount of generous wine is given after each dose.—[*Phila. Med. Times.*—*Ibid.*

DIPHTHERIA—TURPENTINE.—Dr. W. W. Cleave, Lebanon, Ky., writes: Diphtheria is a constitutional disease with local manifestations. I regard it as a very important step to get rid of the

patches deposited upon the fauces and mouth. To remove all of these promptly, apply a mop saturated with turpentine. This article penetrates through the tough deposit, lifts it off, and leaves a red, shining base, that very soon gets well. Apply every two or three hours until every vestige of this dirty deposit disappears and fails to return. I gave my patients tinct. iron largely, with quinine and the best old whiskey freely, with an ample supply of liquid nourishment. Husband the strength of the patient. No purgatives, save as a dire necessity. I regard the turpentine worth more than all other local applications. I still use chlorate of potassium, but doubt its real value. I do not say this plan will cure every case, but I do say it is wonderfully successful. I have been using it successfully for years.—[*Louis. Med. News.—Ibid.*

DIPHTHERIA—TRACHEOTOMY AND THE TUBE.—Dr. Garrigues, N. Y., writes to the editor of the *Record* as follows: In your remarks on the sad case of Dr. Wilbur F. Sanford's death from diphtheria, you say that the prompt clearing of a "tracheotomy-tube is very important, but there should be other ways of doing it than by the direct application of the surgeon's mouth * * * It seems strange that no suitable instrument for such a purpose has been made."

I think several means are at hand. Most important of all is, of course, never to use other than double canulas, which permit the removal of the inner tube and the cleaning of it with a feather, which latter may also be pushed through the outer canula in order to remove obstructions below it. In the second place a pair of forceps, so curved as to be able to be introduced through the whole length of the canula, and even somewhat beyond, is very useful in case of croup membranes blocking up the calibre of the tube, or accumulating below its inferior end. I had one made some years ago by Tiemann & Co.

Finally, for cases where the obstruction is due to fluid accumulating below the canula, there is an old instrument, which at all events will prevent blood and mucus from coming in direct contact with operator's mouth. It consists of a double-necked bottle. To one of the necks is attached a rubber tube leading to an elastic catheter, which is introduced through the canula. When suction is made at the other neck, fluids are drawn into the bottle and fall to its bottom. But even the inhalation of the

air aspired is likely to be fraught with danger. I think, therefore, that the bottle might be replaced by a Davidson's syringe, which usually is easily obtained. By taking off the plunger and tying the rubber tube air-tight round the catheter, the necessary suction force can be produced by compressing the bulb in the usual way—[*Med. Record.—Ibid.*]

CROSSED PARALYSIS OF THE SYMPATHETIC.—A remarkable effect of removal of the superior cervical ganglion has been observed by MM. Dastre and Morat. Their experiments, made upon dogs, related not only to the effects, of removal of the ganglion, but also to those following the division of its chief branches, especially of the inter-carotidean filament. The animals experimented on were examined at different periods after the operation—four days, eight days, and three weeks. Recovery quickly followed the removal of the superior cervical ganglion: the same evening the animal took food in the ordinary manner, and seemed well. Eight days later, the animal having been slightly curarised, the vagus and sympathetic nerves were divided on the side on which the ganglion had been extirpated. If then the central end of the nerve was stimulated, of course no dilatation of the buccal vessels on the same side followed, but there ensued the unexpected effect of dilatation of the buccal vessels on the opposite side; and this effect was arrested by section of the right vago-sympathetic trunk. This demonstrates the path by which this interesting crossed action was produced.

SECONDARY MUSCULAR CONTRACTION.—According to M. Ch. Richet, if the fresh muscle of a grayfish is taken and extended by a slight weight, and the muscle is stimulated for one or two seconds by strong and frequent induction currents, the muscle relaxes as soon as the stimulation ceases. But this relaxation is not final. After some seconds, although there is no fresh stimulation, the muscle contracts afresh, and returns more or less completely to its previous tetanic contraction. This lasts nearly half a minute, and at the end of one or two minutes it is finally and completely relaxed. In favorable cases it may be noted that this secondary contraction comes on by successive rythmical and progressive waves. It does not occur if the stimulation has been slight, if the muscle is fatigued, or if the weight is too great. It is probable that this secondary contraction always

occurs, but cannot be registered unless it is of a certain degree of intensity. It explains how it is that successive stimulation renders the muscle more and more sensitive.

MATERNAL IMPRESSIONS.—I see in "Selections" in medical journals, that in the Obstetrical Society of London, a photograph of a woman has been exhibited, whose deformity was ascribed to a fright received by the mother when in the fourth month of gestation. And the remark was made that among animals (I presume quadrupeds) it was at the moment of conception that the mother was supposed to receive an impression, while in woman a maternal impression was often referred to the third or fourth month. An indefinite time during gestation of a bitch resulted in a deformed pup from an accident, and hence, maternal impression was reported by a member.

Maternal impression once addmitted, as I think it should be if records are properly made, I believe the fact will be established that at any period during gestation a mother may be impressed so as to leave an evidence on the embryo or fœtus.

A negro woman, belonging to my own house-hold, was in the seventh, perhaps eighth month of gestation, when she was thrown from a horse and fell in soft mud, except one leg in its lower third, across a hay-rod, or sapling used to bind hay on a wagon. Twenty-four hours after she aborted. The child had a well-defined ecchymosis on its leg, corresponding with the leg of the mother which struck the hay-rod, and the leg of the child was broken, though no mark, even, was made on the leg of the mother. This occurring under my own observation is sufficient to cause me to disbelieve that any particular time of gestation is more favorable to cause responsive effect on the embryo and fœtus than another. Any other points which are suggestive will be called up by those who are interested.—[*Nashville Jour. Med. and Surg.*]

Editorial.

Before us are THE TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION FOR 1880. Most of the important papers and discussions contained in this volume have been published months ago in the different medical periodicals, and therefore it can be useful only as a compilation of the papers read, and which are scattered throughout the Journals. One of the objections to publishing the proceedings of the representative body of the medical profession of this country, in the manner hitherto followed, to which the President, Dr. Sayre, called the attention of the Association in his address, is again proven by the very late issue of the proceedings of the last meeting. Under the plan which is now being followed, unless the authors of papers see fit to publish them in periodicals, the benefits of the Association are limited to its members, the profession at large, whose representatives the members of the Association are, is deprived of any benefit that may accrue from the perusal of the contributions. Whether the establishment of Association Journal, as suggested by the President, will meet with the approval of the members remains to be seen, but certain it is that the committee appointed to consider the practicability of formulating the proceedings of the Association in journalistic form, reported favorably upon this plan. All agree that the present mode of introducing the Transactions to the profession is unsatisfactory, and that some means must be adopted, whereby the profession can commence to utilize at an early day, the contributions to medical literature, made by members of the American Medical Association. The step which the Association seems inclined to take, clearly indicates that the day for voluminous Transactions, published months after the annual meeting, when the interest of the meeting has faded away and the papers have lost their

freshness is rapidly drawing to a close. On the other hand, this proposed advance, sufficiently characterizes the spirit which asserts that the medical profession of this State, could at the last meeting of the Medical Association of Missouri, at Carthage, adopt a resolution, whereby the members are not only prohibited from giving their papers to the medical world through the periodical press before the Transactions have appeared and been distributed among the members; but which pretends that the committee on Publication was "instructed not to approach the publisher of any medical journal in obtaining bids for the publication of the Annual Transactions." We hope that the profession of this State will give this matter all the attention to which its importance entitles it, and that it will be fully discussed at the approaching meeting at Mexico.

In order that both sides of this question, (if there be two) may be presented to the profession, we invite an expression of opinion from those who may choose to do so in the pages of **THE JOURNAL**.

THE AMERICAN MEDICAL ASSOCIATION meets at Richmond, Va., on Thursday 3d, of May next. Apart from the important business transactions of the Association, it has also its social features. While the former will be of exceeding great interest, especially to the profession, the latter will receive its full share of attention. Old Virginia now, as always, dispenses with the most liberal hand her unbounded hospitalities. The anxiety on the part of the various State Medical Societies that all shall be done to make this one of the most charming meetings of the Association, have come forward and joined the Richmond Medical Society in its efforts and placed at its disposal funds sufficient to guarantee all will be done in a grand and in a most successful way. In fact, not to be surpassed in any of the past meetings, if at all equalled. Besides the profit to be derived in a medical sense, there is a particular inducement as to pleasure. It is to be hoped that Missouri will be second only to Virginia

in the number and respectability of its delegates. Especially should it be so since one of our most distinguished surgeons and physicians, Dr. Jno. T. Hodgen, of Saint Louis, is the worthy President of the Association. The route selected is one best for several reasons, it is the shortest, cheapest, most interesting and most beautiful. The president in company with the delegates and their lady and gentleman friends will leave St. Louis on Friday the 29th, inst. in the morning; go to Cincinnati, thence by boat to Huntingdon W. Va., at which place take the C. & O., railroad for Richmond. That part of the route from St. Louis to Cincinnati is too well known and familiar to deserve more than a mention of its beautiful widespread prairies, etc. From Cincinnati to Huntingdon we go on a commodious elegant Ohio River steamer. There is much on either side of the Ohio both in Kentucky and Ohio to attract and interest. Such as beautiful towns, villages, furnaces in full blast etc. From Huntingdon to Richmond it is one continued panorama of the most varied and beautiful scenery. That part of the route from Huntingdon to the Great Kanawha Falls is full of interest as a mining region for coal, salt, etc., with its many beautiful rich valleys lying between the mountains. From the Falls we have not words at our command to convey in the least, the wild, grand, magnificent mountain scenery until we pass through the Blue Ridge tunnel. The railroad for the most of the way is located immediately on the banks of the various rivers that pass through the mountains, except occasionally it leaves the more rugged ways and goes through the mountains by means of long and very expensive tunnels, many of which are on this road, to join the river again on the opposite side. The scenery on the various rivers is particularly attractive and beautiful as well as the whole of the route of much interest at every point in connection with the history of our late unhappy civil war. The first point of particular interest after leaving the falls, is the Old White Sulphur Springs Greenbrier County West Virginia. This is one of the most

beautiful, highly improved watering places in this country, truly and deservedly called the "Saratoga" of the South. Its water is unrivalled in the cure of many and various chronic diseases. Its buildings consisting of one mammoth hotel with many beautiful cottages surrounding it, with magnificent mountain scenery on all sides. This place is now in the hands of a wideawake and liberal company, who will spare no expense to make it one of the most beautiful, comfortable and attractive places in this or any other country. They are all the time adding to their already many beautiful cottages, and we believe building another large hotel, more accessible to the railroad station.

Remaining here Saturday night, early next morning take cars for Richmond, the mountain scenery lasting until we pass through the Blue Ridge Tunnel on to an open beautiful highly cultivated farming country. Soon we reach the University of Virginia, an institution of which every American should be most proud. Not only from its beautiful location and highly expensive substantial improvement, but as a seat of learning not surpassed if equalled in any country for its admirable discipline and most thorough and impartial manner of instructing its students. Had Thomas Jefferson not immortalized himself by being the author of the declaration of independence, being the founder of this noble institution of learning would have made him so. After passing Charlottesville near by the University, we pass very soon in full view of Jefferson's Mountain Home. A commanding position on the top of a mountain, from which a most beautiful and extended view can be had in every direction. From this point to Richmond there are many places of much interest in relation to the late civil war.

Any of the party wishing to go to Washington, Baltimore, etc., can do so at a very small additional price.

Delegates from this or any of the surrounding States who may wish to make this their starting point, can do so and will be furnished with full information in regard to round trip tickets etc., by addressing directly Dr. R. M. Jordan 215 North 5th, St. Louis, Mo.

Obituary.

ALEXANDER OTIS.

It is with profound regret and a sense of loss, not only to his corps, but to the medical profession, that the death of Alexander Otis, Surgeon and Brevet Lieutenant Colonel, U. S. Army, is announced to the Medical Corps of the Army.

Born at Boston, Massachusetts, November 12, 1830, he graduated with the degrees of A. B., and A. M., from Princeton College; entered the Medical University of Pennsylvania, and received the degree of M. D., from that institution in 1850; visited Europe and prosecuted his studies in London and Paris, and returning to this country he established himself at Springfield, Massachusetts; appointed Surgeon 27th Massachusetts Volunteers, September, 1861, he held this position until appointed Surgeon U. S. Volunteers August, 30, 1864. After the close of the war he entered the Medical Corps, U. S. Army, as Assistant Surgeon, February, 28, 1866; became Captain and Assistant Surgeon, July 28, 1866; Major and Surgeon, March 17, 1880, having received the four brevets of Lieutenant Colonel of Volunteers, Captain, Major and Lieutenant Colonel, U. S. Army, for meritorious services during the war. While Surgeon of the 27th Massachusetts Volunteers he served in Virginia, North and South Carolina, and was on special duty in charge of the hospital steamer "Cosmopolitan" in the department of the South. Assigned to duty in this office July 22, 1864, he was curator of the Army Medical Museum, and in charge of the Division of Surgical Records until his death.

He was editor of the Richmond Medical Journal for three years, member of the leading societies of America and corresponding member of various similar societies in Europe, and a contributor to prominent medical journals. Surgeon Otis, with his personal observations of the surgical collections abroad, brought indefatigable industry and untiring energy to the development of the surgical and anatomical collections to the Army Medical Museum, which he has made the most valuable of their

kind in the world. The compilation of the surgical volumes of of the Medical and Surgical History of the War has placed Surgeon Otis confessedly among the most prominent contributors to surgical history.

He died in Washington City February 23, 1881. His untimely death will be deeply deplored, not only by the Medical Corps of the Army, but by the whole Medical Profession at home and abroad.

RICHARD O. COWLING.

Dr. Richard O. Cowling the editor of one of our best medical weeklies, the *Louisville Medical News*, died suddenly on the 2d of April, of rheumatic pericarditis. He was Professor of the Theory and Practice of Surgery in the University Medical College, and was comparatively a young man being forty-two years at the time of his decease.

Kentucky will feel very poignantly the loss she has sustained as much for his personal virtues as for his professional ability. His place will not be easily filled and his absence from medical journalism will be felt by the editorial fraternity.

ISAAC RAY.

On March 31, Dr. Isaac Ray well known to neurologists and psychologists, departed this life. His death was undoubtedly hastened by the sudden demise of his only son, Lincoln, a promising young physician of Philadelphia.

Isaac Ray was born in Beverly, Mass., and graduated at Boston College and Harvard University. He was Superintendent of several Insane Asylums, but had to resign his last charge on account of failing health. He leaves a host of warm and sincere friends who feel very deeply his loss. He was especially noted for his profound knowledge of forensic medicine as related to psychiatry.

He was seventy-four years of age, and doubtless would have lived much longer had it not been for the shock occasioned by his son's death.

Book Reviews.

MINOR SURGICAL GYNECOLOGY. A Manual of Uterine Diagnosis and the Lesser Technicalities of Gynecology Practice, for the use of the advanced student and general practitioner. By PAUL F. MUNDE, M. D., with 300 illustrations. (No. XII of Wood's Library of Standard Medical Authors.) 8 vo., pp. 381. [New York: Wm. Wood & Co. 1880. St. Louis: E. C. Pease, 514 Olive street.]

This is the last number of Wood's Library of Standard Medical Authors for 1880. It is written by a man who is actively engaged the practice of his speciality, and one who "knows whereof he speaks." He begins with an introduction on the general considerations influencing the diagnosis and treatment of gynecological cases. In this the author gives some very sensible advice in regard to the examination of patients. Whilst advocating examinations whenever necessary, he does not countenance the indiscriminate manner many persons have of making an exploration of the genitals of every woman coming under their care. On the other hand he lays much stress on the necessity of making such examination when necessary.

The first part of the book is devoted to the subject of gynecological examination, and includes six parts devoted respectively to Verbal Examination, Methods of Local Examination, Positions for Examination, Examination Couches, Examination without Instruments and by means of Instruments. He enters very fully into the minutiae of these various topics, and in a manner that is clear and comprehensible. He has quite a large number of illustrations depicting the various instruments, appliances and positions mentioned in the text and presents an examining table of his own. In the long list of specula presented we find Goodel's Bi-valve, which the author, of course, considers among the best. He, however, fairly presents a large number of others including several modifications of Sims'. Besides the examinations of the genitalia he details methods of exploring the rectum mensuration of the abdomen and pelvis, etc.

Part second is devoted to minor Gynecological manipulations and applications. The author discusses the subjects of catheterization, Dilatation of the Urethra, Injections into the Bladder and then really approaches the really gynecological part. The usual subjects are treated of and include applications of Medicinal Agents to the Vagina and Cervix, Tamponade of the Vagina,

Applications to the Endometrium, Dilatation of the Uterus, Curetting of the Uterine Cavity, Local Depletion of the Uterus, Injection of Medicinal Substances into the Tissue of the Cervix and Vagina and Reposition of the Displaced Uterus and Ovaries.

Under the head of Pessaries Dr. Mundé includes Abdominal Supporters, Vaginal Supporters, Vagino-Abdominal Supporters and Intra-uterine Pessaries. The book concludes with short articles on Artificial Impregnation, Massage, Hypodermic Injection of Ergot and, in conclusion, he gives his idea of a gynæcological armamentarium.

The book is undoubtedly one which may prove of great practical benefit to those whose gynæcological practice is limited, and who therefore have not so many opportunities of becoming as thoroughly acquainted with the subject as specialists. It is very clear and easily understood. It is very profusely illustrated and well printed.

The book is intended not to replace any of the large works on gynæcology but rather as an addendum, which will detail many of the minor technicalities and manipulations which the large scope of these works will not permit the authors to discuss; and which are indispensable to the successful practitioner. It is with great truth and justice that Dr. Mundé quotes Emmet, "Success in the treatment of the diseases of women lies wholly in attention to minute details." The author has done his work well and the book is among the best of the Library for 1880..

THE BACTERIA. By DR. ANTOINE MAGNIN. Translated by George M. Sternberg, M. D. 8 vo., pp. 227. [Boston: Little, Brown & Co. 1880. St. Louis: St. Louis Book and News Co.]

Dr. Magnin has for a very long time been identified with the most advanced views and labors on this subject. His position as chief of the practical labors in Natural History to the Faculty of Medicine of Lyons, has given him unusual facilities to pursue the subject, and he is perhaps as thoroughly conversant with this branch of Natural History as any of our great investigators.

The translator has done his work well, and to further enhance the value of the book he has added ten plates lithographic and photo-micrographic which are of the greatest value in elucidating the text.

The Book is divided into two parts treating of the Morphology and Physiology of Bacteria, after a short historical notice. The whole process of development and growth of bacteria is given in a clear and concise way and as fully as modern observations allow the author to do. The parts of more immediate interest to the medical profession are the four sections devoted to the

Rôle of bacteria in fermentations, in putrefaction and nitrification, in virulent affections and in surgical lesions.

The author sums up with the following conclusions, which we reproduce at full length :

"1st. The bacteria are cellular organisms of vegetable nature.

"2d. This organism is more complicated than was for a long time believed. The principal points brought to light are : their structure, the presence of cilia, the nature of the substances contained in their protoplasm,—colored granules, grains of sulphur, etc.

"3d. The forms of *torula*, *zooglæa*, *leptothrix*, *mycoderma*, etc.

"4th. The multiple affinities of the bacteria, on the one hand with the algæ, on the other with the fungi, differently understood by authors, and their development, still unknown for the greater number of species, make it impossible to classify these beings except in a provisional manner.

"5th. This development, well studied in several species of *Bacillus*, has proved that bacteria may multiply not only by fission, but also by formation of spores, and even by veritable sporangia.

"6th. These spores or permanent germs are the principal means by which these inferior organisms or disseminated.

"7th. As to their rôle in fermentations, in putrefactions, in contagious diseases, and in surgical lesions, notwithstanding the considerable number of labors of which the bacteria have been the object in these different points of views, it is not yet possible to define it in a certain manner."

The Bibliography added to the book is quite large, and extends from 1722 to 1880. It embraces a very large number of articles which are of the greatest possible value to those who feel interested in the germ theory as it has been enunciated in the last decade.

M. Magnin has presented, in his book, about all that is really known in regard to bacteria, and has not been led away from the strict requirements of accurately detailing actual facts by the pleasant but often harmful habit of theorizing to often indulged in by the best of writers, and by the highest of authorities who have a pet idea to advocate and uphold.

APHORISMS IN FRACTURE BY R. O. COWLING, A. M., M. D., Morton's Pocket Series No. 2. 24mo. pp. 70. [Louisville, Ky : Jno. P. Morton & Co., 1880. Price 25 cents.]

This was a paper originally read before the Central Kentucky Medical Society and subsequently published in the *Louisville Medical News*. The author has reviewed it and added to it. The whole is based upon the doctrines of Erichson, which are

the ones which are the most generally accepted by the Louisville schools.

It begins with "general aphorisms," four in number and is followed by "diagnosis" embracing twelve. Then "prognosis" is disposed of in ten aphorisms. "Treatment" has fifty aphorisms devoted to it. Fracture of the fingers, fractures near the elbow; fractures of the humerus; of the clavicle; of the ribs; of the jaw; of the nose; of the pelvis; of the lower extremities are disposed of in pretty short order.

The whole terminates with an editorial from the *Louisville Medical News*. "Fractured femur; does its longitude vary with its latitude?" Criticisms and amendments to the aphorisms by Drs. Louis Bauer of this city, Jno. H. Packard of Philadelphia, Wm. H. Van Buren of New York and W. O. Roberts of Louisville are added.

It is a convenient little book and a handy remembrance and, on the whole, it can be accepted as trustworthy.

THE HEART AND ITS FUNCTIONS.—Health Primers, No. 8, 32mo. pp. 95. [New York: D. Appleton & Co., 1881. St. Louis: St. Louis Book & News Co. Price 40 cents.]

This is, in truth, a "primer" and for a medical man is of but very small value. To the new professional reader it contains a great deal of both interesting and useful information. It treats of its subject concisely and in a pleasant manner; not entering into details, but merely sketching a general picture.

It is divided into five chapters. First. Why have we a heart? Second. The structure of the human heart; Third. The function of the heart, and how it is performed; Fourth. The relations of the heart to the general system, and Fifth. How to maintain the integrity of the heart's function.

The last chapter includes almost one-half of all the text and some really sound advice is given in regard to what we might term the hygiene of the heart. We must however take exception to the following, or else our boys differ from their transatlantic cousins. On page 65, it is stated: "A country boy is always on the move, * * * * A town-bred boy, has his muscles less developed * * * he more easily gets blowed and fatigued, he therefore runs a greater risk of heart strain on first commencing football, cricket, or rowing." During our civil war, it was always our country boys who were the first to succumb and the weak, colorless city clerks held out manfully.

We must not fail to commend the plea the author puts in for the girls of our day, and it were well were his precepts followed.

MEDICAL DIAGNOSIS, with Special Reference to Practical Medicine. A guide to the knowledge and discrimination of Disease. By J. M. DA COSTA, M. D. Illus. with engravings on wood. Fifth Edition. Revised. 8 vo., pp. 924. [Philadelphia: J. B. Lippincott & Co. 1881. St. Louis: St. Louis Book and News Company.]

The popularity of this book may be readily ascertained from the fact that in less than twenty years it has gone through five successful editions, and that a German translation is now in process of publication in Berlin.

Dr. Da Costa has kept himself fully abreast of the times in regard to medicine, and he has endeavored to bring his work up to the improvements made in the discrimination and detection of disease. Although the present volume is quite large, it is not too much so, as it is especially intended for advanced students and beginners in the practice of medicine, who need all the information they can get in regard to disease.

The chapters, thirteen in number, are clearly written and with sufficient brevity to render them clear without sacrificing any needed points in explanation. The general scope of the work is to make it practical and useful, and not to indulge in unnecessary or dubious theories. The first chapter is devoted to the examination of patients, and some symptoms of general import. The next is taken up by diseases of the brain, spinal cord, and their nerves. This is followed in the next chapter by diseases of the upper air-passages; diseases of the chest including the lungs and heart naturally follow. The fifth chapter treats of the diseases of the mouth, pharynx and larynx, and the next chapter is on diseases of the abdomen and its viscera. The succeeding chapters treat of the urine, and diseases of the urinary organs. The last six chapters are on dropsy, diseases of the blood, rheumatism and gout, fevers, diseases of the skin and poisons and parasites.

Of course, this is merely a manual of medical diagnosis, and many of the branches that have come within the field of specialties are merely touched upon, and, in some cases, not even mentioned. Taken altogether, it is nothing more than an outline, a sketch; the details of which must be filled in by reference to larger works and those dealing on isolated branches. The object of this volume, as we take it, has been rather to point out the true path to be pursued in diagnosis, than to indicate every deviation and irregularity in that path.

The author has not adopted the classification of diseases ordinarily employed in treatises upon general or special pathology, but has rather endeavored to classify as under this same head, diseases with symptoms approaching to each other as bearing some fancied resemblance. This is by far the better way for a

practical treatise, and one devoted to the observation of signs and symptoms rather than to causes.

That this new edition of Da Costa's Medical Diagnosis will be favorably received by the profession, we do not doubt, for it has long been a favorite text-book, and one which has been heartily endorsed by all who have given it some attention.

It is neatly gotten up, the illustrations are well executed and the letter press unexceptionable. It is a book that is very useful and reflects credit both upon the author and upon the publisher.

SYPHILIS AND MARRIAGE. Lectures delivered at the St. Louis Hospital, Paris, by ALFRED FOURNIER, translated by ALBERT MORROW, M. D., 8vo. pp. 251. [New York: D. Appleton & Co., 1881. St. Louis: St. Louis Book and News Company. Price \$2.00.]

Medical literature is indebted to Drs. Fournier, of Paris, and Paul Diday, of Lyons, for their recent contributions on the relations of syphilis and marriage, both medical and moral. None but isolated papers, very difficult of access to the physician, had appeared until these gentlemen, moved by the same impulse, published their views upon this subject almost simultaneously. The work of the former has already been translated and placed in the hands of the English reading physician. It would be a mere waste of time to point out the importance of the subject and the views of the author will no doubt be much more acceptable.

On page 15, in concluding the first chapter, the author says, "Yes, then, a hundred times yes, *one may marry after having had the pox*, and the results of a marriage contracted under such conditions may be absolutely safe, medically speaking. This I affirm and proclaim boldly, after having carefully studied this serious question, from both a clinical and a social point of view; after having conscientiously investigated numbers of cases, personally or contributed by others. This for me is an established fact a demonstrated verity.

"But, this said, I would hasten to add immediately, If one may marry after having had the pox, one may not, one ought not, to marry in this special situation without being declared free from liability to subsequent manifestations of the disease; without satisfying certain conditions which are indispensably necessary."

In the following chapters he endeavors to point out these conditions.

On page 66, he says, "the worst danger which an infant to be born from the union of a syphilitic man with a healthy woman can incur is for this woman to contract the infection from her husband, since, in this new situation, the health and

life of the infant will be found most seriously compromised."

Having pointed out the various dangers which may accrue from a syphilitic father he concludes :

1. "That marriage should be forbidden to every man who still presents a syphilis sufficiently active to be dangerous."

2. "That conversely, it may be permitted to every man in the opposite conditions."

In regard to the manner pursued by the author, when consulted by patients, he gives it on page 94, as follows :

"When consulted upon the propriety of marriage by a patient whose syphilis (although regularly treated) dates back only three or four years, I always begin by counseling him to wait, to defer his project of union, and I insist anew upon treatment, with the view of increasing and perfecting his chances of security. But, if, nevertheless, the patient urges serious and paramount reasons for an immediate marriage, and, if in addition, he satisfies all the other requirements of my programme, I do not think that I have the right to thwart his project. I *tolerate* his marriage under these circumstances. I grant him the medical authorization which he comes to claim of me—not, however, notwithstanding certain advice, certain indispensable recommendations, of which I shall speak hereafter."

Of the methods of securing the best treatment he treats at some length and concludes, on page 122, by saying : "Three or four years methodically devoted to energetic medication—such, in my opinion, is the necessary *minimum*, I will not say to cure the disease, but to avert its dangerous manifestations both for the present and for the future. * * * Combined with time, the specific treatment of the diathesis constitutes certainly the *best guarantee* in favor of the syphilitic subject who aspires to marriage."

In regard to the "*judgment of the waters*," the test afforded by sulphur waters of their "bringing out" manifestations in subjects not yet cured of the disease, he has but one opinion—that it is wholly inadequate and fails. This ends the first part devoted to syphilis before marriage.

In the second part, in which he considers syphilis after marriage, he considers all the various relations the disease holds to the husband, wife, child and nurse. He considers it the physician's duty to treat the wife, when recently contaminated, with the obligation to conceal from her the name and nature of her disease; insisting also upon the woman being properly treated in order to escape serious consequences in the future. He also insists that when a woman is syphilitic and pregnant, she should be submitted to specific treatment, in order to preserve the life of the child.

He concludes his final chapter thus :

"At no price, on no account, should we consent that an

infant syphilitic, or even only suspected of syphilis, be confided to a healthy nurse.

"The protection of society constitutes, then, in this respect,—I repeat it again, and I cannot too often repeat it—the capital, predominant indication, superior to every other consideration—and this, because it tends to a result which ought to be the aim of our common and constant efforts, viz., *to prevent the diffusion of the pox* by confining it to its sources of origin, by preventing it from being spread abroad and disseminating its germs of contagion."

We can not too heartily commend this to all practicing medicine, as the time may come or has come when that most intricate and knotty problem, of giving advice to a syphilitic patient as to the advisability of marriage must be given. It is a question that is of the most important not only to the patient, but to generations unborn.

Fournier's book is interesting and valuable, and there is no doubt, that it will meet with a large and ready sale.

TRANSACTIONS OF THE AMERICAN OPHTHALMOLOGICAL SOCIETY.

Sixteenth Annual Meeting, Newport 1880. 8vo. pp. 174.

[New York : Published by the Society, 1880.]

In the absence of other organs, unless we except the *Archives of Ophthalmology*, continued now for more than ten years by Henry Knapp M. D., of New York, we must regard the "Transactions" as the exponent of the most advanced views upon this branch of surgery in the United States. The volume for 1880 replete with the recorded experience of many of the luminaries of this specialty in this country, does not suffer in comparison with those of previous years. The officers elect for the present year are H. D. Noyes M. D., President and R. A. Derby M. D., Secretary, both re-elected.

In the course of his remarks upon the place of holding its session the President communicated "the conviction of many members that it would be advantageous to hold them occasionally at the west." It does not appear whether the members from the west favored or opposed the adoption of the suggestion. Though it was decided that the next meeting should be held at Newport R. I., we trust that the members from St. Louis will urge upon the Society to meet at this city at an early day.

Dr. D. Webster of New York contributed an interesting paper on "Sympathetic Inflammation following operations for Cataract." This elicited discussion, from which the deduction is warranted that between two and three per cent. represents the frequency of this event. A paper was presented by Dr. C. S. Bull on Pathology and Treatment of Vascular Tumors of the Eye-lids; Cancerous Angiomata and Sanguineous Cysts

Germain to this subject, it is proper to observe that under

this classification may be included those to which John Bell gave the designation, Aneurism by Anastomosis, Teleangiectases, consisting almost entirely of vessels, between which ramify a small portion of tubercles, resembling very closely in their texture that of the erectile or cancerous tissue. As favorite sites they invade the eyelids and circumorbital regions; also wherever the skin is lax or protected, e. g. on the back of the ears; in the axilla, groin etc., they have also been found beneath the lower jaw. They are of three varieties, capillary, arterial and venous, presenting a variety of hues of red, a dark cherry or steel color and varying in size from a pin-head to that of a hazel nut or even larger. Superficial and sub-cutaneous nævi, popularly called mothers mark belong to the first division, others are distinctly arterial and others venous; while others are sometimes met with as evidently developed from both systems. Some are congenital and others are unequivocally attributable to some injury. Their growth is usually slow, progressing *pari passu* with the patient's growth, but in rare instances they may rapidly assume a considerable magnitude.

Treatment by injection of destructive agents is now not deemed advisable, as it might be followed by pyæmia, emboli and metastatic abscesses. Pressure has been practiced and abandoned as almost fruitless. Ligature, vaccination of the tumor, by the actual cautery, ac. nit., by heated needles, by extirpation and ligation of the bleeding vessels in the site of the tumor.

Dr. F. B. Loring Washington, D. C., reported a case of peculiar anatomical development of one of the arteries of the retina consisting in the aneurismal dilation, its central diameter being three or four times as great as that of the vessel proper and developed at the distance from the papilla of about three fourths its diameter. As the consequence. First, "The vision and functional processes of the eye were not affected and second, there was no pulsation, either of a spontaneous nature or to be obtained by pressure."

Dr. A. Mathewson reported an interesting case of "transplantation" of skin three inches long and one and a half wide taken from the side to the lid for the cure of *ectropion* of sixteen years continuance, by which the lid was restored to its normal situation and complete adhesion secured to the skin supplied, and another case detailed by Dr. Lucien Howe of Buffalo N. Y. of a similar character in a young lady, in which the piece of skin transplanted was of somewhat larger dimensions and taken from the inside of the left forearm. In this case also the success was complete. As elements requisite for ensuring it, Dr. H. states in regard to the wound to be filled:

1. "It should be clean and free from adipose tissue.
2. Its base should be even. 3. There should be little or no

hemorrhage at the moment of transplantation, and as to the "Flap."

1. It should be one third larger than the wound.
2. Its under surface should be clean and free from fat.
3. It should be subjected to no violence.
4. It should be secured in its new position without delay.
5. Its edges should fit evenly. 6. Its edges should be secured firmly.
7. The parts should be kept warm and dry for at least twenty-four hours."

Dr. A. G. Heyl contributed a paper on an affection having little recognition and rarely seen, viz. "Intra-ocular Lipæmia," the genius of which consists in the presence of free fat in the blood. Dr. H., regards the disease as having important relations to Diabetes Mellitus, with which it was associated in the case reported, and modestly propounds the doctrine of fat emboli to account for the formation of boils, carbuncles, gangrene of the lungs and gangrene of the extremities in cases of the disease mentioned, by which it is often accompanied; and also the occasion of diabetic retinitis. He also suggests diabetic cataract is due to occlusion of some of the intra-ocular vessels.

Dr. W. S. Little, of Philadelphia read a paper elaborately prepared upon the subject of "The position of the Axis of the Cylinder in the correction of Simple Compound and Mixed Astigmatism." He also suggests a very plausible doctrine of the mechanism by which normal astigmatism is produced viz., "Upon the relation of the position of the *pons opticus* and even the pupil, to the axis of the cornea or ciliary body, with the resultant force expended by the *tunica uvea* or *vasculosa* in its attachment to the cornea or canal of Schlemm."

Dr. L. also reported two cases of paralysis of oblique muscles, one of the superior, the other of the inferior oblique.

Dr. H. D. Noyes details cases of laceration of the eye lids, involving the tarsus, and for the successful treatment of similar cases emphasizes the importance of securing by suture the coaptation of lacerated margins in their normal position.

Dr. N. also contributed a paper upon a case of Glioma of both eyes in which enucleation was performed, twenty-two months after its first recognition by the parents and sixteen months after having been seen by himself. The child died from extension of the disease to the brain at the age of twenty-eight months. Upon post-mortem examination, the brain was found extremely soft "almost to the consistence of custard, which contributed to inflammatory changes mingled with the gliomatous infiltration. The ultra-cranial portion of the optic nerves, chiasm and tracts could not be found owing to the mutilated condition of the brain."

(It may be stated that in general, after enucleation, death occurs within a few weeks. I have the record of one case of

my own in which this event was averted for the space *fifteen* months. Dr. C. R. Agnew, a case in which respite was purchased for five years. Dr. Wm. Niehaus, of this city, a case in which there has been no recidive, though *nine* years have elapsed since enucleation, and Dr. S. Pollak in which no return of the disease has taken place and the patient is well, and *eleven* years have passed since the operation was performed. I recently removed an eye affected with glioma, in which the disease is apparently confined to the globe. I have not yet examined it microscopically, but hope the entire disease has been eradicated. Since death, within brief periods of variable length is inevitable, if no surgical interposition is adopted, and since by enucleation this event is apparently postponed and probably sometimes wholly removed, and life prolonged for at least ten or eleven years with no evidences of return then presented, enucleation is not only justifiable but is imperative. This operation should be performed at the earliest possible moment after the disease has been detected, while yet it is confined within the retaining walls of the sclerotic.)

Dr. Noyes also presented an ophthalmoscope, a modification of Loring's "furnishing a means of bringing before the eye a large series of glasses in rapid succession," he also detailed a "Case of Buphthalmus with central anterior Synechia, cured by total removal of the Iris."

Dr. Chas. Kipp, read a paper on Keratitis from Malarial Fever.

Dr. H. Knapp also, on Iehæmia Retinæ of one eye and blindness, restored by exhibition of Lactate of Iron and general tonic regimen.

Dr. Knapp, presented a paper reporting "Eight Sclerotomies for Glaucoma." These were performed with Græfe's knife at Sclero-corneal juncture, being five or six lines in length, leaving a small scleral bridge. The aqueous humor, he allows to flow out slowly in order to permit a prolapse of the iris. The results in respect to vision, though not so favorable as could be hoped, were yet by no means discouraging, but were efficient for amelioration of the pain experienced. He summarizes his views as follows, viz.:

- 1 "In cases of single chronic glaucoma with a narrow field of vision and marked excavation, I would prefer sclerotomy to iridectomy, and if both eyes are affected, I operate on one at least by sclerotomy.

2. In megalophthalmus congruetus, I would only perform sclerotomy, since in such cases, iridectomy is almost fatal to the eye.

3. In glaucoma of younger persons, *i. e.*, below thirty years of age, and in cases of hemorrhagic glaucoma, I would prefer sclerotomy to iridectomy. Since the results of the latter operation on these cases is mostly unfavorable.

4. Encouraged by the experience derived from the above related operations, and on the strength of the statements of Wecker, Manthner and others, I consider it legitimate to try sclerotomy also in cases of acute glaucoma. If it prove equally curative as iridectomy, it will have a decided advantage over this operation by leaving the pupil round, small and central."

Papers were presented by Dr. G. C. Harlan, of Philadelphia, "A case of unusual acuteness of vision, with circles of diffusion." By Dr. E. Williams, of Cincinnati, "Two interesting cases of cysts of the iris, with treatment." By Dr. C. R. Agnew, of N. Y. "Three cases of persistent pupillary membrane." Also, "Insufficiency of the Ophthalmoscope as the Sole test of errors of Refraction." By Dr. John Green, "Treatment of a case of Detached Retina, treated by hypodermic injections of Muriate of Pilocarpine" during the discussion of which Dr. M. W. Williams, of Boston, commended its use in a case of episcleritis. Dr. Green also exhibited a combination set of trial glasses, and a new trial frame, also an improvement in concave spectacle glasses of high power, also narrated a case of glaucoma, following closely upon an application of duboisia, also an interesting paper, with cuts, descriptive "An the Improved operation for entropion, for non-traumatic cases, and a modified operation for discision in soft cataract."

Dr. E. G. Loring, of N. Y., presented a "Keratometer," and mode of its use and its utility in determining whether in a given case the myopia or hypermetropia is corneal or axial, and in general its not a substitute for, but an auxiliary to other instruments.

Dr. L. also described an improved operation for artificial pupil after cataract operations, and a needle devised to facilitate the operation by retaining *in situ* the iridal plane during section.

Dr. Wm. Thomson, of Philadelphia, presented an instrument for the detection of color-blindness, of which a satisfactory comprehension cannot be conveyed by a mere description. Dr. H. W. Williams narrated his experience of section of the optic and ciliary nerves as a substitute for enucleation in cases of imminent sympathetic ophthalmia. This operation is still *sub judice* though evidently advancing in favor and adoption.

Dr. F. O. Wadsworth, of Boston, contributed a paper upon "Neuritis after Measles, and also presented a beautiful photograph of the Fovea Centralis of the Retina."

Dr. S. D. Ristey, of Philadelphia, reported a case of Dermoid Cyst of the temporal aspect of the globe at the corneo-scleral juncture. It was furnished with four, black hairs, and numerous colorless ones growing from its summit. Its removal advised, but consent of the patient had not been obtained.

Tumors of this character have been denominated "Trichosis bulbi." Their usual site is at the junction of the Sclerotic with the Cornea. A young man from Wisconsin, some years since applied for relief, having dermoid tumors on both eyes at the location indicated, but upon the temporal side, that on the

left eye having the larger. From the surface of these many hairs were developed: the friction of these against the lids during every act of winking, occasioned much irritation and discomfort, and rendered the eyes exceedingly irritable, intolerant of wind and smoke. Beside these tumors in the situation given, other secondary growths were developed beneath the subconjunctival tissues on the temporal aspect of both globes in the orbits. Those in front I removed entirely; but only a portion of the other neoplasms referred to. Relief of pain and inconvenience was entirely removed. Several months after the operation he wrote, informing me that no recurrence had taken place, and was jubilant over the result, stating he had "as good eyes now as he wished."

WM. DICKINSON.

Books and Pamphlets Received.

A Guide to the Clinical Examination of Patients, and the Diagnosis of Disease. By Richard Hagen, M. D. Translated from the Second Revised and Enlarged Edition. By G. E. Gramm, M. D. 12 mo. pp., 223. [New York and Philadelphia: Boericke & Tafel.]

Spasm of the Intra-Ocular Eye Muscles; a frequent cause of Annoying and Serious Eye defects. By Julian J. Chisolm, M. D. [Reprinted from the *Independent Practitioner*, Feb. 1881.]

Speech of Hon. Benjamin W. Harris, on the Joint Resolution relating to Color-blindness and Visual Acuteness in persons employed in the Navy and Merchant Marine. [Washington: Feb. 18, 1881.]

Annual Review of the Drug Trade of New York, for the year 1880. Prepared by D. C. Robbins, Esq. [New York: 1881.]

Second Annual Report of the Board of Health of the Taxing District of Shelby Co., (City of Memphis) for the year 1880. By G. B. Thornton, M. D., President. [Memphis, Tenn.: 1881.]

Failure of Vaccination. By Carl Spinzig, M. D. [Reprint from the *St. Louis Clinical Record* for Feb. and March, 1881.]

An Improved Self-Retaining Rectal and Vaginal Speculum. By A. F. Erich, M. D. [Reprinted from the *Obstetric Gazette*. Feb., 1881.]

Congenital Syphilis of the Throat; based upon the Study of One Hundred and Fifty Cases. By John N. McKenzie, M. D.

[Extracted from the *American Journal of the Medical Sciences* for Oct., 1880.]

On Quebracho Bark. [*Aspidosperma Quebracho*.] Translated from the German. [Reprint from the *Therapeutic Gazette*, 1880.]

Lectures upon Diseases of the Rectum, and the Surgery of the Lower Bowel. Delivered at the Bellevue Hospital Medical College. By W. H. Van Buren, M. D., LL. D. 8vo. pp., 412. [New York: D. Appleton & Co. 1881. St. Louis: St. Louis Book and News Co.]. Price \$3.00.

Imperfect Hearing and the Hygiene of the Ear including Nervous Symptoms, Tinnitus Aurium, Aural Vertigo, Diseases of the Naso-Pharyngeal Membrane, Middle Ear and Mastoid Region. With Home Instruction of the Deaf. By Lawrence Turnbull, M. D., Ph. G. Third Edition with Illustrations. 8vo. pp., 141. [Philadelphia: J. B. Lippencott & Co. 1881. St. Louis: St. Louis Book and News Co.].

A Text-Book of Human Physiology; designed for the Use of Practitioners and Students of Medicine by Austin Flint, Jr., M. D. Illustrated by three Lithographic plates, and fifteen wood cuts. Third Edition Revised and Corrected. 8vo. pp., 978. [New York: D. Appleton & Co. 1881. St. Louis: St. Louis Book and News Co.]. Price \$6.00

The Principles and Practice of Surgery being a Treatise on Surgical Diseases and Injuries. By D. Hayes Agnew, M. D., LL. D. Profusely Illustrated. Vol II. 8vo. pp., 1066. [Philadelphia: J. B. Lippincott & Co. 1881. St. Louis: St. Louis Book and News Co.]. Price \$7.50.

Annual Report of the Board of Health of the State of Louisiana to the General Assembly, for the year 1880. 8vo. pp., 354. [New Orleans: J. S. Rivers, printer, 1881.]

Improved and New Powder Insufflators. An Improved Ear-Spout. By Edward J. Foster, M. D. [Cambridge: 1881.]

Strangulated Veins of the Uterus, and other papers, Gynecological and Surgical. By Thomas H. Buckler, M. D. [Reprinted from the *Boston Medical and Surgical Journal*.]

News Items.

The Kentucky State Society holds its regular meeting at Covington April 5.

The Joplin College of Physicians and Surgeons, a new Institution, had its formal opening on March, 14.

The Seventh Annual Meeting of the South West Mo. Medical Society will be held at Peirce City on the 26th, and 27th, of April.

The American Medical Association holds its regular annual meeting at Richmond Virginia, May, 3, 4, 5, and 6.

The Missouri State Medical Association meets at Mexico, May 17 and the following days.

The Illinois State Medical Society meets at Chicago on Tuesday May 17th and the following days.

The 16th semi-annual meeting of the Rolla District Medical Society will be held at Steelville, Crawford Co., Mo., on the 11th and 12th, (Wednesday and Thursday) of May, 1881, and be called to order at 11 o'clock A. M., on Wednesday and close P. M., on Thursday.

The Ninth semi-annual meeting of the S. E. Medical Association will be held at Charleston, Mo., commencing Tuesday, May 3d 1881.

A pharmacist was prosecuted recently in Paris for having caused the death of a girl by selling powdered oxalic acid in place of powdered Rochelle salt. He, in defense, stated that he sold what his wholesale druggist had furnished him with, and upon whom, therefore the responsibility ought to rest, seeing that the substances in powder are not distinguishable by the eye or touch. The court, however, disallowed this plea, on the ground that every pharmacist, by virtue of the monopoly he enjoys, is strictly held to the duty of verifying every medicine which he offers for sale. He was condemned to a month's imprisonment, a fine of one thousand francs, and two thousand francs damages, payable to the father of the deceased girl.—*[Boston Med. and Surg. Journal.]*

TENNYSON.—Much indignation has been expressed at the description by the poet Laureate of a physician to the children's hospital in his latest volume of poems. He describes this very objectionable being as possessed of "coarse red hair, big face, big chest, big merciless hands, happier in using the knife than in trying to save the limb." The *British Medical Journal* says:

—"Not only does he hold up this type as that of the surgeon in the children's hospital, but he endorses it by adding:

That I can well believe; for he looked so coarse and so red,
I could think he was one of those who would break their jest on
the dead,

And mangle the living dog that had loved him, and fawned at
his knee,

Drench'd with the hellish oorali—that ever such things should be.

A verse more ungenerously contrived to insult a profession, and to hold up to execration a class who, more than any other, have devoted their lives to the service of humanity, and their labors to its solace, was never written. Medical men will feel bitterly the insult which is offered, and the injustice which has been done; but, fortunately, their work and their character speaks for itself, as it has spoken through centuries; and not even the angry words of one of the most accomplished of modern poets will do more than raise a passing feeling of pain and bitter regret that the character and motive of medical work should be so shockingly misrepresented."—[*Canada Medical and Surgical Journal*.

A NOVEL HUMORAL DOCTRINE.—Here it is just as it is given to its readers, at the rate of four francs a line, by one of our city papers, well-known for the orthodoxy of its principles—non-medical, be it understood.

"It would be a grave mistake to suppose that the humors are only eliminated by the intestines and urinary apparatus; they are also exhaled and especially through all the pores of the skin; the syrup of C— enjoys, in the highest degree, the property of exciting and rendering active the functions of the skin, and this is a property which distinguishes it from other depurative medicines; once that it has entered into the torrent of the circulation, it whips the blood which becomes heated and separates itself from the humors which remain cold; these latter thus repelled, escape by the pores internal as well as external. And it is known that the humors always contain acrid, caustic and acid principles, which explains how the skin may, in coming in contact with them, be covered with pimples and rashes, the same as when in contact with a venereal insect."

What do you think of the fall? This page of general pathology was very deficient, it must be acknowledged, on account of the small obscurity enveloping it. But the *venereal insect* dissipates every cloud. And if this does not satisfy you, why I have

double reason for sending you to l'Antiquaille (venereal hospital).—[*Lyon Medical*.

MEDICAL GYMNASIUM.—A medical gymnasium was lately opened in Paris. It has been built in the Chausée d'Antin, at an expense of £20,000, by a public company. About seventy mechanical contrivances of different descriptions have been arranged in a series of rooms. The greater number of these are worked by a steam engine, and all of them can be graduated by screws, so that the extent, duration, and velocity of motion can be regulated according to the direction of the physicians.—[*Scientific American*.

THE INDEX MEDICUS.—This is a Monthly Classified Record of the Current Medical Literature of the World, compiled under the supervision of Dr. John S. Billings, Surgeon, U. S. A., and Dr. Robert Fletcher, M. R. C. S., Eng. It records the titles of all new publications in Medicine, Surgery, and the collateral branches, received during the preceding month. These are classed under subject-headings, and followed by the titles of valuable original articles upon the same subject, found, during the like period, in medical journals and transactions of medical societies. The periodicals thus indexed comprise all current medical journals and transactions of value, so far as they can be obtained.

The Index Medicus is published monthly, and supplements all the leading medical journals (American and Foreign) as a current guide and general index to all.

Subscription price per annum, postage prepaid, for United States and Canada, \$6. Sample copies sent free on application. The addresses of probable subscribers are desired from the friends of the enterprise.

Address, F. Leypoldt, publisher, 13 and 15 Park Row, N. Y.

The Thirty-ninth Annual Commencement of the St. Louis Medical College, occurred on the evening of March 2d, at the Mercantile Library Hall. The platform, upon which were the members of the College Faculty, the Board of Trustees and invited guests, was beautifully decorated with floral tributes to the graduates. Rev. Mr. Betts, of Trinity Episcopal Church, offered a prayer, containing sentiments especially relative to the medical profession. Prof. Hodgen, Dean of the Faculty, then

conferred the degree of Doctor of Medicine on the following graduates, forty-three in number: Stephen Riley Fears of Alabama; Andrew Shreve Gregg of Arkansas; Alva D'Emmette Walker; Nimrod Polk Wood and John Bernard H. Zwart of Kansas; John B. Earle Richardson of Pennsylvania; Samuel Joseph Rogers of Texas; Fred Cunningham, Wm. Venson Guttery, Wm. Austin James, John Thomas Mathews, Benjamin Joseph Primm, Amand Nicholas Ravold and Jacob P. Rinkel of Illinois; Coleman Reed Ammerman, Julius Baron, Hugo W. Bartscher, Sherman M. Beeman, Samuel Dickens Bugg, John Pettet Clark, Charles Edward Davies, James Alexander Dickson, Francisco Ezell, Richard Benjamin Fewell, Otto Edward Forster, Mathew Arnold Godlove, Willis Hall, Henry John N. Harnisch, Leander Gordon Hollingsworth, Timon Augustus James, Frank Lee Keith, Emmet Curran McCormack, Lee Ernest Monroe, Harvey Gilmer Mudd, Edward Nasse, Abram Leeper Norfleet, Jules Nothhefer, Ira Edward Pope, Edgar Louis Schleiffarth, John Blasdel Shapleigh, Austin D'Arcy Standish, Maximilian Charles Starkloff and George Washington Tarlton of Missouri.

Dr. Hodgen presented in behalf of friends of the gentlemen, the beautiful bouquets, and enlivened the exercise by well-timed sentimental speeches. Dr. Charles W. Stevens, in behalf of a boy who had been a patient of Dr. Gregory's, presented the doctor with a large and beautiful basquet bouquet. Dr. Stevens remarked, it is often said, that there is very little of love or gratitude manifested in the relations of patients to their physicians. For my part, I can say, after a long experience and observation, I have not found this to be true. But here is an instance in which there is no room for a suspicion of anything but a genuine emotion. I am commissioned to present to you this basket of flowers. It comes from a lad 13 years of age. It happened not long since, that this boy was stricken by a disease of terribly fatal tendency; his life seemed to hang as by a single thread. You, sir, were with him, and while the anxious father and mother, the brothers and sisters surrounded the couch, and were looking for the death struggle, you, by a single incision into the respiratory tube, saved the precious life. The air entered the exhausted lung, the re-oxygenated blood mounted to the depleted brain, a crimson flush overspread the

pallid face, and he was saved; you gave him back to the joyous circle. In what way could the boy more appropriately express his gratitude than in the language of flowers? Gold and silver would be but dross. I have only to add this sentiment, "May the brightest and sweetest of flowers adorn your pathway while life shall last."

Dr. Gregory, with much emotion, said that he felt he had just received the greatest fee he ever received for his professional services, and he valued it more than gold or silver.

Prof. J. S. B. Alleyne, gave the Valedictory Address. After alluding in the introduction to the condition of medicine in certain times, as a superstition, or speculation, which placed it in ridicule before the world, he showed that at present it might well be considered as a science, which was the centre of human knowledge. This science had to deal with questions the most abstruse, so that at times the greatest difficulty was to decide upon what subject to direct the energies of the mind.

He spoke of the mystery of life which enveloped all human knowledge; how at times the effort had been made to explain it; how the modern doctrine of evolution had developed from these explanations, and how force and its correlates had been offered as a substitute for vital force. That there was much of truth in the doctrine of evolution and Darwinism, and the conditions of force must be acknowledged, but to say that we now understand the mystery of our existence better than before, cannot be admitted. On the contrary, obstacles invariably appear to prevent our application of such doctrines to the explanation of the phenomena of living nature. Such doctrines in their newness seek to explain too much, and thereby throw much doubt on their value; it is only by waiting and still farther testing them, that we can reach their ultimate signification.

The moral, so to speak, to the young medical student, was, that much positive knowledge had been gained in science and in medicine, enough to give encouragement to still farther efforts at progress. That above all the grandeur of scientific studies led to a higher and purer region of more worth, and far from carrying us into the dreariness of atheism, brought us by every path constantly into the presence of the Creator.

This Institution has regularly maintained a high standard of professional qualification, and is now, as will be seen in the

Annual circular, adopting a plan of education fully in accord with the advanced views of the profession, *the graded plan of study*. This plan will doubtless be fully appreciated by the profession at large.

The Alumni Association, at its meeting a few days since, resolved to raise a sufficient amount, \$150, as a memorial fund to be invested in a portrait of the late Prof. John J. McDowell, A graduate of the school, Dr. Fairbrother, of East St. Louis, also proposes to erect a monument over the grave of Dr. John J. McDowell.

INTERNATIONAL MEDICAL CONGRESS. LONDON AUGUST 1881. Section IV—Medicine. SIR WILLIAM W. GULL, Bart., F. R. S. President. PROF. W. T. GAIRDNER, DR. GEORGE JOHNSON, F. R. S. DR. RICHARD QUAIN, F. R. S. DR. WILLIAM ROBERTS, F. R. S. Vice Presidents. Subsection—Diseases of the Throat. DR. GEORGE JOHNSON, F. R. S. Chairman. DR. F. DE HAVILLAND HALL, DR. FELIX SEMON, DR. THOMAS JAMES WALKER, Secretaries.

We beg to inform you that the formation of a distinct department for Diseases of the Throat, under the Section of Medicine, has met with a very general approbation and that this subsection, from the number and the adhesions already received, bids fair to be a complete success.

Among the 55 gentlemen who up to the present have notified their intention to take part in our discussions, are included many of the best known laryngologists.

The programme, which we submitted in November last to the opinion of the laryngological world, has been very favorably received. Of 63 replies to our circular, 53 either directly or inferentially by silence on the topic, approve of the proposed programme; two letters only suggest amendments, bringing forward twenty new propositions.

We do, however, not feel justified in effecting any change in the original programme, seeing that five-sixths of our correspondents have approved of the first list, whilst the very fact of all new propositions being different from each other proves unmistakably that no topic has been omitted from our list which should have been included.

Under these circumstances we consider it right to adhere to our first proposed list, which may now be considered as final.

and contributions to which, in the form of papers, will be very welcome.

At the same time, however, we beg to say distinctly that this list is *not an exclusive one*, and we request not only all those who have been good enough to help us with suggestions, but all intending members of this subsection, to bring forward the subjects they consider suitable for discussion in the form of independent papers.

As a great interest is likely to be taken in certain of the subjects for discussion, it is very desirable that gentlemen intending to take part in discussions on single subjects should state this intention, if possible, *before the beginning of the Congress*, to the Secretaries, to permit of the necessary arrangements being made.

To ensure a good basis for the proposed discussions, and in accordance with Rule VIII, of the Congress, we have arranged that each of the subjects chosen for discussion shall be introduced by members previously selected by the Committee. We give the finally settled list, with the names of those gentlemen who have consented to read the introductory papers. The spaces left blank and marked * are reserved for some of our American confrères, whose answers could not be waited for:—

1. Local Treatment of diphtheria. Dr. Morell Mackenzie (London) and Dr. Tobold (Berlin).

2. Pathology of Laryngeal Phthisis. Prof. Krishaber (Paris) and Prof. Waldenburg (Berlin).

3. Laryngoscopic Signs in connection with Injuries or Diseases of the Motor Nerves of the Larynx. Prof. Gerhardt (Wurzburg) and *

4. Neuroses of Sensation of the Pharynx and Larynx. Prof. Schnitzler (Vienna) and *

5. Indications for Extra or Intra-Laryngeal Treatment of Growths in the Larynx. Dr. Fauvel (Paris) and Prof. Burow (Konigsberg).

6. Results of the Mechanical treatment of Laryngeal Stenosis. Dr. Paul Koch (Luxemburg) and Dr. Hering (Warsaw).

7. Indications for the complete or partial Extirpation of the Larynx. Dr. Foulis (Glasgow) and Dr. Schech (Munich).

8. Galvanocaustic method in Nose, Pharynx, and Larynx. Prof. Voltolini (Breslau) and *

9. Adenoid Vegetations in the Vault of the Pharynx. Dr. W. Meyer (Copenhagen) and Dr. Loewenberg (Paris).

10. Nature and Treatment of Ozæna. Dr. B. Fränkel (Berlin) and Dr. Fournié (Paris).

Opportunity will be given during the time of the Congress for demonstration of patients, specimens, new instruments and apparatus, new methods of illumination, &c.

With the expression of our earnest hope that you may find it in your power to be present, and to take part in the proceedings, we remain, Sir,

Your faithful servants.

F. de HAVILLAND HALL,
FELIX SEMON,
THOMAS JAMES WALKER,

All communications regarding this Subsection should be addressed to

DR. FELIX SEMON,
59, Walbeck Street,
London, W.

SPECIAL NOTICE—THE ESSENTIALS OF ANATOMY—By Dr. William Darling and Dr. A. L. Ranney. Messrs. G. P. Putnam's Sons, publishers of the above standard text-book, have the pleasure of announcing to the medical profession and the medical book-trade that the suit brought by them to the Supreme Court of the State of New York to enjoin the publication of a volume issued by a Leo T. Meyer, under the title of "A Guide to the Study of Anatomy," has been decided in their favor. The work of said Meyer is made up of the material of the lectures of Professor Darling, the sole right to publish which had been conveyed to Messrs. Putnam by their publishing contract, and in fulfilment of this contract the Messrs. Putnam had duly published the substance of these lectures, which, together with other important anatomical material contributed by Professor Ranney, forms the above described work, "The Essentials of Anatomy."

The Supreme Court has, therefore, ordered that said Leo T. Meyer and his agents, assistants, servants and assigns be

restrained and enjoined from publishing and circulating the book complained of, "A Guide to the Study of Anatomy." The full text of the injunction is given herewith.

Putnam vs. Meyer, special term of the Supreme Court of the State of New York on the 31st day of March, 1881.

The issues in this action having been brought on for trial before the special term of this Court for the City and County of New York, held on the first Monday of February, 1881, and having been tried by the Court without a jury, and a written decision of the Justice holding said Court having been made, bearing date the 31st day of March, 1881, and duly filed, whereby the Court decides that the plaintiffs are entitled to an injunction against the defendant, Leo T. Meyer, herein.

It is therefore, on motion of Messrs. Alexander & Green, plaintiffs' attorneys, ordered, adjudged and decreed that the defendant, Leo T. Meyer, his agents, assistants, servants and assigns, be, and they are hereby restrained and enjoined from publishing and circulating, and from selling or exposing for sale or offering for sale, except to students in actual attendance on the lectures of Dr. Darling in the Medical Department of the University of the City of New York, and for the personal use of those students only, and not for resale by them, the book called "Meyer's Guide to the Study of Anatomy," or any copy thereof, or any book or portion of a book containing any of the tables, diagrams, classification or aids to memory contained in the plaintiffs' book called "The Essentials of Anatomy," or any copy of such book.

And it is further ordered, adjudged and decreed that the defendant, Leo T. Meyer, be and is hereby perpetually restrained and enjoined from selling or offering any copy of said for sale at any place except in the building of the University of the City of New York, at No. 410 East 26th Street, in said city, or at his medical office or residence in the city of New York.

And it is further ordered, adjudged and decreed that the plaintiffs may apply to the Court at the foot of this decree for such other and further injunction order as may be necessary to effectuate this decree.

HOOPER C. VAN VORST, *Judge*,

METEOROLOGICAL OBSERVATIONS.

By A. WISLIZENUS, M. D.

The following observations of daily temperature in St. Louis are made with a MAXIMUM and MINIMUM thermometer (of Green, N. Y.). The daily minimum occurs generally in night, the maximum at p. m. The monthly mean of the daily minima and maxima added and divided by two, gives quite a reliable mean of the monthly temperature.

THERMOMETER, FAHRENHEIT—APRIL, 1881.

Day of Month.	Minimum.	Maximum.	Day of Month.	Minimum.	Maximu.
1	24.0	44.0	18	34.0	45.5
2	37.0	63.5	19	34.0	36.0
3	26.0	36.0	20	32.0	43.5
4	24.0	28.5	21	29.0	42.5
5	22.0	33.0	22	30.0	44.0
6	27.0	37.5	23	30.5	59.0
7	30.5	35.5	24	36.0	65.5
8	33.5	37.0	25	44.0	53.0
9	34.0	45.5	26	30.0	48.5
10	32.5	55.0	27	33.0	56.0
11	43.0	51.0	28	45.0	61.5
12	41.5	47.5	29	32.0	40.0
13	32.0	43.5	30	31.0	41.0
14	31.0	45.0	31	52.0	44.0
15	36.5	63.0	Means	33.4	47.0
16	53.5	64.5	Monthly Mean	40.2	
17	35.0	49.5			

Quantity of rain and snow, 1.83 inches.

MORTALITY REPORT.—CITY OF ST. LOUIS.

FROM MARCH, 5, 1881, TO MARCH, 26, 1881, INCLUSIVE.

Leucocythemia 0	Childbirth..... 2	Convulsions & Tris-	Syphilis..... 5
Scarlatina..... 11	Inanition, Want of	mus Neonatorum 35	Apoplexy 11
Pyæmia & Septicæ 3	Breast Milk, etc. 10	Hydrocephalus and	Dis. fem. gen. org. 2
Erysipelas 8	Alcoholism..... 8	Tub. Meningitis. 5	Surgical Operation 0
Diphtheria 6	Rheumat'm & Gout 0	Meningitis & En-	Premature Birth 0
Membran's Croup. 7	Cancer and Malignant	cephalitis 41	Deaths by Suicide 5
Whooping Cough. 5	Tumor..... 13	Other Diseases of	Deaths by Homicide 2
Ovarian tumor.... 0	Phthisis & Tubercu-	the Brain and	Deaths by Homicide 2
Measles..... 6	losis, Pulmon. 65	Nervous System 29	Congen Defort'y... 27
Typhoid Fever... 7	Bronchitis... 18	Cirrhosis of Liver	Total Deaths from
Cerebro Spinal Fe. 47	Senility..... 21	and Hepatitis... 10	all Causes..... 631
Remittent, Inter-	Pneumonia..... 67	Enteritis, Gastro-	Total Zymotic Dis-
mittent, Typho-	Heart Diseases... 26	enteritis, Perito-	eases..... 163
Malarial, Con-	Other Diseases of	tonit, and Gas-	Total Constitution-
gestive & Simple	Respir'y Organs 26	tritis'..... 19	al Diseases..... 196
Contin'd Fevers, 19	Metro- Peritonitis. 0	Bright's Disease	Total Local Dis-
Puerperal Fevers. 10	Marasmus—Tubes	and Nephritis... 7	eases..... 292
Diarrhœal Disea's 10	Mesenterica and	Other Diseases of	Total Develop'tal
Other Zymotic Dis-	Scrofula..... 22	Urin ary Organs. 1	Diseases..... 50
eases..... 5	Tonsillitis..... 0	Diabetes..... 0	Deaths by Viol'ce 21

CHAS. W. FRANCIS, Health Commissioner.

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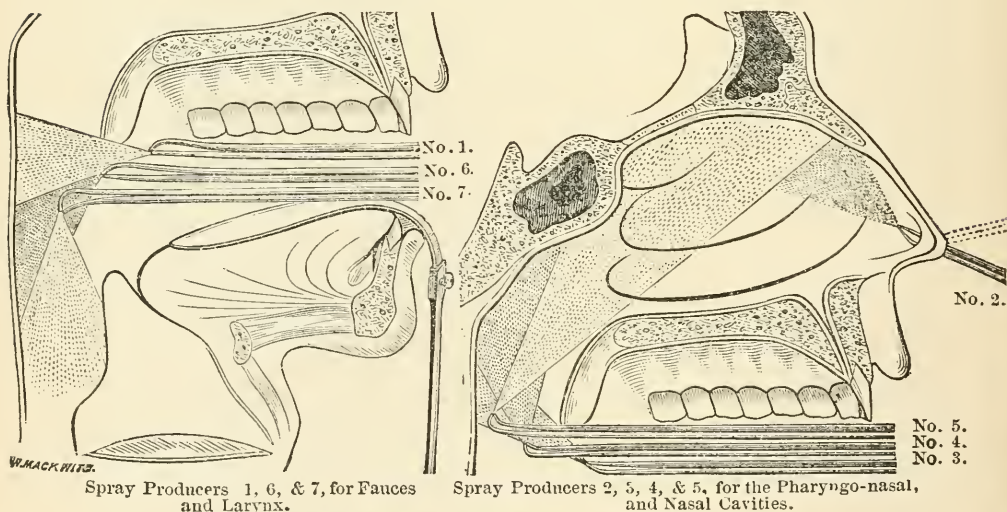
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Spray Producers 2, 3, 4, & 5, for the Pharyngo-nasal, and Nasal Cavities.

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“If it is urged against me, that I have differed very materially from many who are recognized by the profession as being well informed on this subject, I have only to say that what has been given here is the result of an honest search after facts, and that these facts are stated as I saw them, not fearing to question the correctness of long acknowledged theories. * * *”

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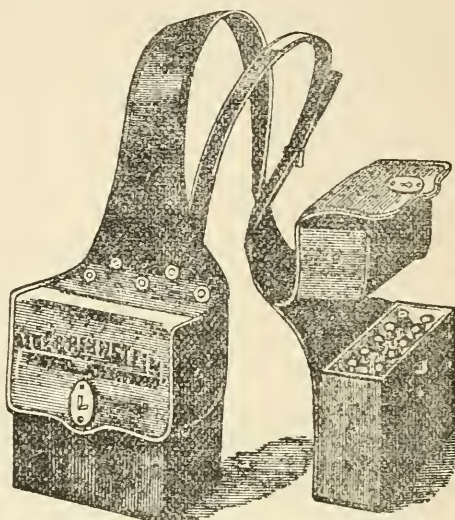
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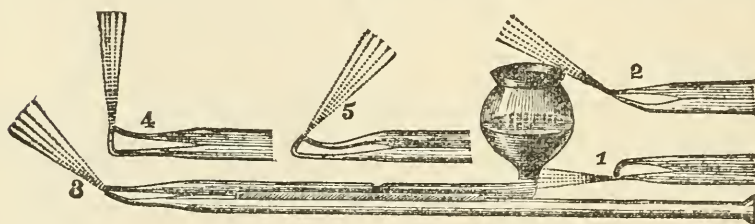
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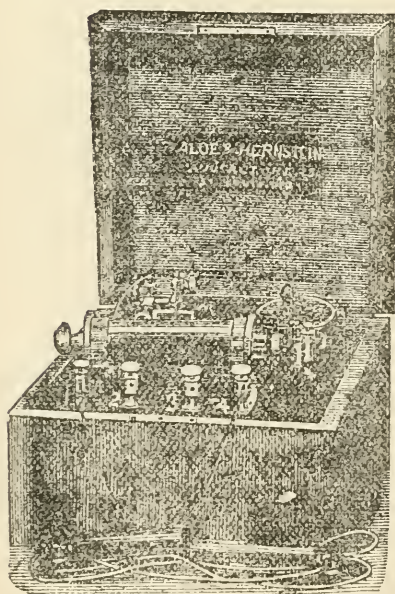
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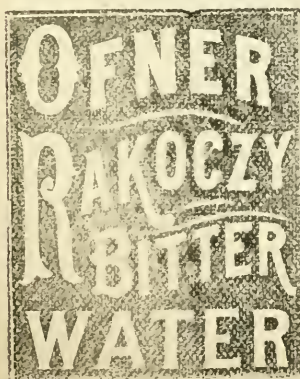
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It will continue to maintain that psychiatry and neurology, like the study of the vascular system, are *essential parts of the trunk*, rather than special *branches of medicine*, and will endeavor to bring these departments concisely, prominently and satisfactorily before the GENERAL PROFESSION. Due prominence will be given to electrology, alcoholism, meconism, chloralism, and the pathology, management and treatment of inebriety, as within its legitimate province.

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No effort or necessary outlay in the conduct of the ALIENIST AND NEUROLOGIST will be spared to deserve and retain its present degree of professional confidence, and to merit still greater approbation and support.

It will be the chief aim of this journal to so present the clinical aspects of neurology, that the medical student and the physician just starting out in his career, may intelligently comprehend them. THE ALIENIST AND NEUROLOGIST is not so much a journal for specialists, as it is a special journal for general practitioners and advanced students of medicine, in which may be found more that pertains to morbid psychology and neurology, than may be found in any general medical journal, and so presented as to be of special value to every physician who aspires to the highest attainable practical advancement.

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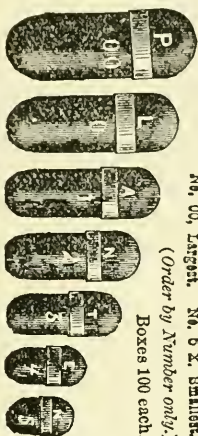
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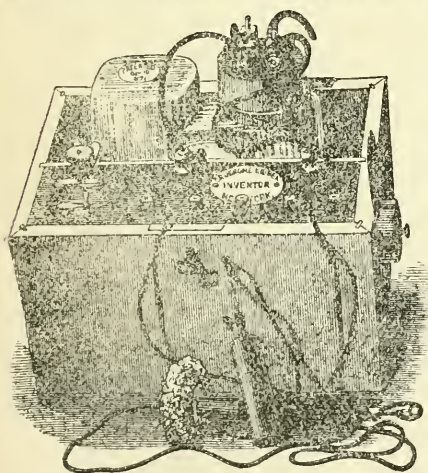
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3d. It carries the Womb up into its proper position, thus removing all strain upon the broad and round ligaments.

4th. By keeping the Womb in its proper position, all pressure upon, and irritation of the vaginal walls is relieved, and inflammation of the parts thereby prevented.

5th. Dr. Livingston's Abdominal Support is so constructed, by the insertion of flexible bone to strengthen and give it shape, that it fits easily and smoothly over the hips and spinal column, never cutting into the body or rolling up on the edges, pressure being evenly distributed over every part.

6th. The bands extending from the sides around and over the back is wider than any other, and cut to exactly fit the body.

7th. The straps that pass over the nates and between the limbs do not chafe or produce any heat to the parts.

8th. Dr. Livingston's Abdominal Support, by preventing all pressure of the Womb upon the Bladder and Rectum, stops that constant desire to pass water, which so many Ladies find a source of much discomfort, and also prevents constipation and the long train of ills which frequently result therefrom.

9th. Any Lady can fit this Support, thus dispensing with those examinations, which are often unnecessary, and ALWAYS repugnant to womanly delicacy.

In applying the Support, have front pads as low down as possible, and the lower strap as tight as patient can, with comfort, wear it. The upper one brought up close to the body without pressure.

Dr. Livingston, at the request of many patients who are too remote to visit him, and in response to the desire of many Physicians, places his Abdominal Support upon the market. Having the utmost faith and endorsements in its merits, and the knowledge that it NEVER fails to aid the PHYSICIAN IN THE CURE OF DISEASES FOR WHICH IT IS RECOMMENDED.

Sizes run from No. 3 to No. 8, commencing at 28 inches, and rises 4 inches with each number. In ordering, give measure round hips.

Manufactured by C. E. LIVINGSTON, M. D.,

215 Superior Street, - - - TOLEDO, OHIO.

SENT FREE BY MAIL ON RECEIPT OF \$3.00.

TONGA.

The Fijian Remedy for Neuralgia.

This remedy has been used for several centuries by the aborigines of the Fiji Islands, though introduced to the notice of the profession in England only about a year ago.

The success attending its use in the hands of Drs. Sidney Ringer and Wm. Murrell, of London, England, induced us to dispatch an agent to the Fiji Islands for the collection of a quantity of this valuable drug. Heretofore the secret of its source had been jealously guarded by the Fiji chiefs, the knowledge of its composition being handed down as an heirloom from one generation to another. Through Mr. Ryder, a resident from Fiji, a specimen of the remedy was first brought to England, with the statement that he received it from a European who had married a chief's daughter and had learned the secret from his father-in-law.

Tonga, as prepared by the Fijians, is a compound of several plants, and occurs in the form of small loose bundles, the remedy being enveloped in a wrapper of the inner bark of the coconut tree.

The natives administer it in the form of an infusion, but it has been found that alcohol much more thoroughly extracts its active principles.

Drs. Ringer and Murrell base their report of the use of the drug on a sufficient number of cases, and C. Bader, ophthalmic surgeon to Guy's Hospital, says: "The results obtained by Drs. Ringer and Murrell fully coincide with mine. I have notes of cures of brain and kidney disease in which Tonga alone succeeded in removing pain. All cases of neuralgia (supra- and infra-orbital branches of the fifth nerve) with swelling of the temporal veins during the attack were benefited."

Reports from Sidney, Australia, show that Tonga has also been successfully employed as a remedy for neuralgia, by the profession of that country.

THE FLUID EXTRACT CAN BE OBTAINED FROM

PARKE, DAVIS & CO.,

Manufacturing Chemists and Pharmacists,

DETROIT, MICH.

LIPPIA MEXICANA.

A NEW EXPECTORANT.

This new Mexican remedy is introduced to the medical profession of this country on the authority of Dr. A. H. Saxton, Baltimore, Md., who has communicated the results of his experience in its use in an article in the January, 1881, number of the "Therapeutic Gazette."

The demulcent and expectorant properties claimed for the drug by Dr. Saxton, are such as must commend it to the careful attention of the profession, and especially so during the season of catarrhal affections of the respiratory passages. A remedy which combines demulcent with expectorant properties, and at the same time does not nauseate, must meet with favor. The cases reported by Dr. Saxton would also seem to show the drug to be possessed of an alterative influence in the respiratory mucous membrane which must enhance its value in those chronic affections so often rebellious to treatment.

We prepare a tincture of Lippia Mexicana and will be pleased to furnish a reprint of Dr. Saxton's article, on application.

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